## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	ANNUAL REPORT  1997		of State PRPORATIONS	Secretary of State	
DOCUI	MENT # M7888				
- <b></b>					
Principal Place of Business		Mailing Address			. <b> </b>
5219 MYRTLE WOOD SARASOTA FL 34235		5219 MYRTLE WOOD SARASOTA FL 34235-4616			
				3. Date Incorporated or Qualified 04/25/1988	3a. Date of Last Report 06/18/1996
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0048716	Applied For Not Applicable
Suite, Apt	#. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	C)	Cily & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28   Zip	Country	Trust Fund Contribution  8. This corporation has liability for	Added to Fees intencible tax under s. 199,032.
24	25		0	Florida Statutes	Yes No
REI I	<ol><li>Name and Address of Curre , THOMAS W.</li></ol>	nt Registered Agent	81 Name	10. Name and Address of New R	agistered Agent
	FIRST STREET		82 Street Addr	ress (P.O. Box Number is Not Accepta	ble)
SAR	ASOTA FL 34230				
			83		
			84 City		FL 85 Zip Code
office or r	to the provisions of Sections 607.05 egistered agent or both, in the Stater familiar with, and accept the oblig	e of Florida. Such change was au	thorized by the corporat	poration submits this statement for the tion's board of directors. I hereby acceptions	purpose of changing its registered option appointment as registered
SIGNATURE	Signature, Typical or printed name of registered ap	gent and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE NAME	DP DEGRAY, RICHARD E.	DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	5219 MYRTLE WOOD		1,3 STREET ADDRESS		
C-1Y - S1 - 7/P	SARASOTA FL		1,4 CITY-ST-ZIP		
THE	DV HIDTH F	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADORESS	DEGRAY, JUDITH F. 5219 MYRTLE WOOD		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-Zift	SARASOTA FL		2. 4 City-ST-ZIP	, <b>,</b>	
TiTLE		☐ DELETE	3.1 TITLE	——————————————————————————————————————	Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADORESS  3.4 CITY-ST-ZIP		
CITY - S1 - 74P TITLE		DELETE	4.1 TiTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZP	-1 <sub>22</sub>		5 4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME CIRCLE ADDRESS			6.2 NAME		
STREET ADDRESS CITY+ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		•
14. I do here	t. by certify that the information supple	ed with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statut	es. I further certify that the
l am an c	on indicated on this annual report or officer or director of the corporation of in Block 12 or Block 13 if changed,	or the receiver or trustee empowe	red to execute this repo	t my signature shall have the same leg rt as required by Chapter 607, Florida	all effect as it made under oath; that Statules; and that my name

SIGNATURE:

Klohard E. De Gray

**FILED** 

Apr 15 1997 8:00am