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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

21 26 85-0054774 1 Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Feet City & State City & State 8. Election Campaign Financing \$5.06	ieport oplied For ot Applicable Additional equired
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28 29 20 20 20 20 20 20 20	
Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax under Florida Statutes	May Be to Fees
WINKLER, EILEEN 2258 HIBISCUS STREET SARASOTA FL 34239 10. Name and Address of New Registered Agent B2 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature byect or protect name of tegistered agent agent agent later than the state of the purpose of Change agent agent later familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature byect or protect name of tegistered agent agent later than the state of the purpose of the applicable. (NOTE Registered Agent speaker required when ranstating) DATE 12. OF FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILLE WINKLER, EILEEN 2256 HIBISCUS STREET SARASOTA FL 34239 DELETE 1 11 TILE 1 2 AMME 1 22 MAME 2 2 STREET ADDRESS CITY - ST - ZP TILLE 1 2 CHange 3 3 STREET ADDRESS	
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2256 HIBISCUS STREET SARASOTA FL 34239 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zit 85 Zit 86 City FL 86 Zit 87 Zit 88	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment is agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature byed or praised name of tegistered agent and till if applicable. (NOTE Registered Agent signature required when rainstaing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTUITE NAME SIREL1 ADDRESS DITY-ST-7P TITLE DELETE 1.3 STREET ADDRESS CITY-ST-7P TITLE DELETE 2.1 TITLE Change STREET ADDRESS CITY-ST-7P DELETE 3.3 TITLE Change AME STREET ADDRESS	Code
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 13 if changed, or on an plachment of the name of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97 frag

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FILED

May 02 1997 8:00am

Secretary of State