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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

651 PINE FOREST DRIVE 65	ailing Address 51 PINE FOREST DRIVE RANDON FL 33511-7817			
			3. Date Incorporated or Qualified 05/05/1988	3a. Date of Last Report 01/24/1996
2. Principal Place of Business 2a.	Mailing Address		4. FEI Number	Applied For
21 26			59-2921985	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	City & State		<del>                                     </del>	Fee Required
h	Ony & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip         Country	Zip	Country	8. This corporation has liability for in	
24 25 29	· · · · · · · · · · · · · · · · · · ·	30	· · · · · · · · · · · · · · · · · · ·	Yes No
9. Name and Address of Current Regis		]	10. Name and Address of New Reg	
FULLER, SUSAN		81 Name		
651 PINE FOREST DRIVE		82 Street Add	ress (P.O. Box Number is Not Acceptable	la)
BRANDON FL 33511		0.0007.00	Too (	
		83		
		84 City		<b>85</b> Zip Code
				- FL
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 6 office or registered agent or both, in the State of Flori- agent. Lam familiar with, and accept the obligations o</li> </ol>	07.1508, Florida Statute da. Such change was a f, Section 607.0505, Flo	es, the above-named corpora authorized by the corpora rida Statutes.	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE Signature, typed or printed name of regions and title	at anoticable (NOTE	flogistered Agent signature requi	red when reinstating)	DATE
12. OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE PVS	DELETE	1.1 TITLE		Change Addition
NAME FULLER, SUSAN		THE THEE		□ cuangs □ Munitum
STREET ADDRESS 651 PINE FOREST DRIVE		1.2 NAME		CT cuange CT Manuali
CITY-ST-ZIP BRANDON FL		•		C Change C Addition
TITLE TD		1.2 NAME		Crange Adultui
1	DELETÉ	1.2 NAME 1.3 STREET ADDRESS	2	Change Addition
NAME FULLER, SUSAN	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP	<u>, , , , , , , , , , , , , , , , , , , </u>	
STREET ADDRESS 651 PINE FOREST DRIVE	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	2	
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6.4 CITY - ST - ZIP 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 attachment with an address.

SIGNATURE:

**FILED** 

Jan 14 1997 8:00am

Secretary of State