## FILED FILE NOW: FILING FEE FER MAY 1 IS \$550.00 **PROFIT** Jun 02 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **DOCUMENT** # Principal Place of Business Mailing Address At Aue #105 3. Date Incorporated or Qualified 3a. Date of Last Report 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes Florida Statutes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 82 83 84 1502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered pligations of, Section 607,0505, Florida Statutes. 11. Pursuant to the prove office or registered a agent, † am familiar v both, in the SIGNATURE and title if applicable (NOTE Registered Agent's grature required when reinstating) RECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE TITLE Change Addition Com S NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 1.4 CITY - ST - ZIP Change Addition TITLE 21 11116 NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CODY-ST-ZIP Change Addition TITLE Y 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP City-St-7IP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY- ST- 7/P DELETE Change TITLE 5.1 100 6 Addition 9000022085 NAME 5 2 NAME -06/11/97--01052--009 STREET ADDRESS 5.3 STREET ADDRESS \*\*\*165.00 CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE TOTAL 61 1/11 Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP non supplied with this it report or supplement reporation or the receiv does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the inual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name I do hereby certify that the information indicated on this anti-

I am an officer or director of the appears in Block 12 or Block 13

SIGNATURE: