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FILED

Sandra B. Mortham

| PROFIT CORPORATION ANNUAL REPORT 1997 FLORIDA DEPARTING Sandra B. Secretary DIVISION OF CO. DOCUMENT # M94305 (3) | | | | | TT . | May 09 1997 8:00am Secretary of State | | | | n |
|--|--|---|---|----------------------------------|--------------------|--|---------------------|--------------------------------------|---------------------------|-------------------|
| Principal Place 5624 LAWTON I SARASOTA FL | DR. | 5624 LAWTO | ailing Address 24 LAWTON DR. RASOTA FL 34233-2416 | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 08/15/1988 | | of Last Re /1996 | port |] |
| 2. Principal P 21 Suite, Apt | lace of Business | 2a. Mailing 26 | | | | 4. FEI Number 65-0072396 | | Ap No | plied For t Applicable | 1 |
| City & State | | 27 | Suite, Apt. #, etc. 27 City & State | | | Certificate of Status Desired Election Campaign Financing | Fee Hequired | | | |
| 23 Zip | Country | 28 Ζιρ | <u> </u> | Coun | гу | Trust Fund Contribution 8. This corporation has liability for | Intengible ta | Added to under a. | o Fees | - |
| 24 | 9. Name and Address of Curr | 29 ent Registered Ag | | 30 | | Florida Statutes 10. Name and Address of New Re | Yes gistered Ag | | | $\left\{ \right.$ |
| 11. Pursuarit office or r agent I a | to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obt | 502 and 607.1508, te of Florida. Such gations of, Section | Florida Statute change was a 607.0505, Flor | 1 | 4 City | rporation submits this statement for the pation's board of directors. I hereby accep | FL ourpose of co | 95 Zip (hanging its ntment as | | |
| SIGNATURE | Signature, typical or punted name of registered a | | (NOTE | | geni signalure req | uired when reinstating) | DATE | | | |
| 12. | OFFICERS A | ND DIRECTORS | DELETE | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND E | Change | S IN 12 Addition | 18 |
| NAME STREET ADDRESS | O'DAY, MICHAEL J 2127 LEEWYN DR. SARASOTA FL 34232 | · | | 1.2 NAM 1.3 STRE | E ET ADDRESS | | _ | | | CR2E034 (9/96) |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | V O'DAY, HAZEL C 2127 LEEWYN DR. SARASOTA FL 34232 | | DELETE | 2.1 TITU 2.2 NAM 2.3 STRE | ET ADORESS | · · · · · · · · · · · · · · · · · · · | L | Change | Addition | 5 |
| CHY ST-ZIP TIFLE NAME STREET ADDRESS | ST O'DAY, CATHERINE G 2758 YALENCIA DR. | | DELETE | 3.1 THTL 3.2 NAM 3.3 STRE | ET ADDRESS | | | Change | Addition | |
| CITY - ST - ZIP TITLE NAME STREET ADDRESS | SARASOTA FL 34239 | | DELETE | 4.1 TITLI 4.2 NAA 4.3 STRI | IE EY ADDRESS | | | Change | Addition | |
| CITY ST-719 TITLE NAME STHEET ADDRESS COTY ST-719 | | | DELETE | 5.1 TITU 5.2 NAM 5.3 STRI | et address | | | Change | Addition | 1 |
| CHY-SI-ZIP THLE NAME STREET ADDRESS | | | DELETE | 6 1 TITL 6 2 NAM | 1 | | | Change | Addition | |

64 CITY-S1-ZIF

14. If 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.