FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N38201

Principal Place of Business Mailing Address									
660 JILLOTUS MERRITT ISLAI	STEET	643 JILLOTU		234					
						3. Date incorporated or 05/16/1990	Qualified 3a.	Date of Last Re 06/13/199	port 96
2. Principal F	lace of Business	2a. Maiting				4. FEI Number 59-3019734		}	plied For t Applicable
Suite, Apt.		27	Suite, Apt. #, etc. City & State				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
City & Stat 23 Zip	Country	28	¬ ·			6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible taxonder s. 199.032,			
24	25 29 30 9. Name and Address of Current Registered Agent			·		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
ADCOGK, MIKE 643 JILLOTUS, STREET MERRITT ISLAND FL 32952				81 82 83	Name Street A	dress (P.O. Box Number is Not Acceptable)			
				64	City		F	85 Zip C	
SIGNATURE	to the provisions of Sections 617.03 registered agent, or both, in the Starm familiar with, and accept the obling familiar hyperior printed name of registered a	agent and title if applicable		Registered Age		equired when reinstating)	DATE		
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	DELETE	13.	—	ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTORS Change	S IN 12 Addition
NAME STREET ADDRESS	PD CAULFIELD, JAMES 613 JILLOTUS ST. MERRITT ISLAND FL	·	T DECEIE	1.1 TITLE 1.2 NAME 1.3 STREET		Goul Kitchin	St A Pl	LE Mange	L. Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS	TS CAULFIELD, VI 613 JILLOTUS ST MERRITT ISLAND FL		□ DELETE	1.4 CHY-S 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS	EVA Adeock 643 Jillotus	St Fl	Change	Addition
CHY-SI-ZIP TITLE NAME STREEL ADDRESS CHY-SI-ZIP	VD KITCHIN, PAUL 683 JILLOTUS ST MERRIT ISLAND FL		DELETE	2.4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-5	ADDRESS	merritt Isl. VB -VD WW. Mike Adcock Gy3 Jillen		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP			DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS			☐ Change	Addition
TITLE			DELETE	6.1 TITLE		<u>, , , , , , , , , , , , , , , , , , , </u>		Change	Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

NAMÉ

STREET ADDRESS

CITY - ST - ZIP

FILED

Apr 24 1997 8:00am

Secretary of State