## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46767

(2)

Principal Place of Business PO BOX 16012 PANAMA CITY FL 32406  2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc.  2b. Suite, Apt. #, etc.  2c. City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Panama Address of Current Registered Agent  Panama  WARRINER, CLELL  808 EAST 6TH COURT PANAMA CITY FL 32401  11. Pursuant to the provisions of Sections 817,0502 and 617,1508, Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Floridas Such change was authorized by the corporation's board of degent. I am familiar with, and accept the obligations of Section Abenda was authorized by the corporation's board of degent. I am familiar with, and accept the obligations of Section Panama  WARRINER, CLELL  Signature, typed or profide name of legitered agent agent title if applicable  WARRINER, CLELL  608 EAST 6TH COURT PANAMA CITY FL 32401  TITLE  T/D  WARRINER, CLELL  608 EAST 6TH COURT PANAMA CITY FL 32401  TITLE  T/D  WARRINER, CLELL  608 EAST 6TH COURT PANAMA CITY FL 32401  TITLE  T/D  WARRINER, CLELL  608 EAST 6TH COURT PANAMA CITY FL 32401  TITLE  T/D  WARRINER, CLELL  608 EAST 6TH COURT PANAMA CITY FL 32405  TITLE  D/S  SIREET ADDRESS  33 SIREET ADDRESS  34 CITY-ST-ZIP  PANAMA CITY FL 32405  DELETE  31 TITLE  T/D  WARE  BRATSEN,RAPLH  SIREET ADDRESS  508 AIRPORT RD. STE.1  PANAMA CITY FL 32405  DELETE  4 2 MAME  DELETE  4 2 MAME  4 2 MAME	94842 Not Applicable of Status Desired S8.75 Additional Fee Required ampaign Financing \$5.00 May Be Added to Fees ration has liability for intangible tax under s. 199.032,
PANAMA CITY FL 32406 PANAMA CITY FL 32406-6012  3. Date Inco CO 1/11  2. Principal Place of Business	1992   01/29/1996     94842   Applied For     Not Applicable     of Status Desired   \$8.75 Additional     Fee Required     ampaign Financing   \$5.00 May Be     Added to Fees     ration has liability for intangible tax under s. 199.032, tutes   Yes   No
2. Principal Place of Business 2. Mailing Address 3. FELINUM 3. Suite, Apt. #, etc. 3. City & State 3. Country 3. This corp. 4. Florida State 4. This suite, Apt. #, etc. 4. This suite, Apt. #, etc. 5. Certificate 6. Licetion of Trust Fun. 7. This suite, Apt. #, etc. 7. Suite, Apt. #, etc. 8. Street Address of Current Registered Agent 8. Street Address (P.O. Box N. Bat. #) Name 8. Suite, Apt. #, etc. 8. Street Address (P.O. Box N. Bat. #) Name 8. Suite, Apt. #, etc. 8. Street Address of Current Registered Agent 8. Street Address (P.O. Box N. Bat. #) Name 8. Suite, Apt. #, etc. 8. Street Address (P.O. Box N. Bat. #) Name 8. Suite, Apt. #, etc. 8. Street Address (P.O. Box N. Bat. #) Name 8. Suite, Apt. #, etc. 8. Street Address (P.O. Box N. Bat. #) Name 8. Suite, Apt. #, etc. 8. Street Address (P.O. Box N. Bat. #) Name 8. Suite, Apt. #, etc.	1992   01/29/1996     94842   Applied For     Not Applicable     of Status Desired   \$8.75 Additional     Fee Required     ampaign Financing   \$5.00 May Be     Added to Fees     ration has liability for intangible tax under s. 199.032, tutes   Yes   No
Suite, Apt. #, etc.  Suite Aug. #, etc.  Suite Advisor #, etc.  Suite Address of Current Registered Agent  10, Name and Address of Current Registered Agent  10, Name and Address of Current Registered Agent  11, Pursuant to the provisions of Socions 617.0502 and 617.1508, Florida Statules. the above-named corporation submits office or registered agent, and statules. The above and of the original and authorized by the corporation submits office or registered agent and etc. #, etc.  Suite Address (P.O. Box N. A. Election of the application of Socion 617.0503, Florida Statules.  Ball Name  Ball Name  Ball Name  Ball Name  Ball Name  Ball Name  Ball City  Street Address (P.O. Box N. A. Election of the application of Socion 617.0503, Florida Statules. the original and the application of Socion 617.0503, Florida Statules. the original and the application of Socion 617.0503, Florida Statules. the original and the application of Socion 617.0503, Florida Statules. the application of Socion 617.0503, Florida Statules. the application	94842 Not Applicable of Status Desired S8.75 Additional Fee Required ampaign Financing S5.00 May Be Added to Fees ration has liability for intangible tax under s. 199.032, tutes Yes No
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	of Status Desired S8.75 Additional Fee Required sempaign Financing \$5.00 May Be Added to Fees ration has liability for intangible tax under s. 199.032, tutes Yes No
City & State  Ci	retion has liability for intangible tax under s. 199.032, tutes
City & State    City & State   City & State   Country   28	retion has liability for intangible tax under s. 199.032, tutes
Zip   Country   Zip   Country   Zip   Country   B. This corporation as	Contribution Added to Fees ration has liability for intangible tax under s. 199.032, tutes Yes No
Zip Country Zip Country 29 30 Fiorida Statutes  9. Name and Address of Current Registered Agent 10. Name and Address of Current Registered Agent 11. Name and Address of Current Registered Agent 11. Name and Address of Current Registered Agent 12. Street Address (P.O. Box Name Address of Current Registered Agent 13. Street Address (P.O. Box Name Address of Florida Statutes)  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITION 12. ADDITION 12. OFFICERS AND DIRECTORS 13. ADDITION 14. CITY ST. ZIP WARRINER, CLELL 12. NAME 12. NAME 12. NAME 12. NAME 12. NAME 13. STREET ADDRESS 13. ADDITION 14. CITY-ST. ZIP PANAMA CITY FL 32401 14. CITY-ST. ZIP 14. CITY-ST. ZIP 2. July in Havrn, FL TITLE 17. DIRECTORS 2. STREET ADDRESS 14. CITY-ST. ZIP 2. STREET ADDRESS 15. ST	tutes Yes 🔀 No
9. Name and Address of Current Registered Agent  WARRINER, CLELL 608 EAST 6TH COURT PANAMA CITY FL 32401  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature  Signature, typed or printed name of registered agend and title if applicable  OFFICERS AND DIRECTORS  13. ADDITION  TITLE  D/P  WARRINER, CLELL  STREET ADDRESS  608 EAST 6TH COURT  PANAMA CITY FL 32401  TITLE  T/O  KROBETZKY, GEORGIANNA  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY BEACH FL 32408  DELETE  1.1 TITLE  D/S  WARRINER, CLELL  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY BEACH FL 32408  DELETE  3.1 TITLE  D/S  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  TITLE  D/S  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  TITLE  D/S  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  TITLE  D/S  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  TITLE  D/S  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  TITLE  D/S  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  TITLE  D/S  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  TITLE  D/S  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  TITLE  D/S  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  TITLE  D/S  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405	
WARRINER, CLELL 608 EAST 6TH COURT PANAMA CITY FL 32401  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agend and title if applicable  12. OFFICERS AND DIRECTORS  13. ADDITION  TITLE  D/P  WARRINER, CLELL  STREET ADDRESS CITY-ST-2IP  PANAMA CITY FL 32401  TITLE  T/O  DELETE  1.1 TITLE  1.2 NAME  STREET ADDRESS CITY-ST-2IP  PANAMA CITY BEACH FL 32408  TITLE  D/S  SAME  STREET ADDRESS CITY-ST-2IP  PANAMA CITY BEACH FL 32408  STREET ADDRESS CITY-ST-2IP  PANAMA CITY FL 32405  DELETE  1.1 TITLE  3.2 NAME  3.3 STREET ADDRESS CITY-ST-2IP  PANAMA CITY BEACH FL 32408  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS CITY-ST-2IP  PANAMA CITY FL 32405  DELETE  4.1 TITLE  AMME  DELETE  4.1 TITLE  AMME  DELETE  4.1 TITLE  AMME  AMME  DELETE  4.1 TITLE  AMME	Address of New Registered Agent
WARRINER, CLELL 608 EAST 6TH COURT PANAMA CITY FL 32401  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITION  TITLE  D/P  WARRINER, CLELL  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32401  TITLE  T/O  KROBETZKY, GEORGIANNA  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY BEACH FL 32408  TITLE  D/S  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY BEACH FL 32408  DELETE  3.1 TITLE  NAME  BRATSEN,RAPLH  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  TITLE  D/S  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  DELETE  4.1 TITLE  A3.3 STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  DELETE  4.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  DELETE  4.1 TITLE  NAME  ACCITY  ADDITION  DELETE  4.1 TITLE  NAME  ACCITY-ST-ZIP  TITLE  NAME  DLETE  4.1 TITLE  A4. CITY-ST-ZIP  TITLE  NAME  ADDITION  DELETE  4.1 TITLE  NAME  ACCITY-ST-ZIP  TITLE  NAME  ADDITION  ADDITION  ADDITION  ADDITION  BRATSEN, RAPLH  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  ADDITION  ADDITION  ADDITION  BRATSEN, RAPLH  3.3 STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  DELETE  4.1 TITLE  NAME  ADDITION  ADDITION  ADDITION  BRATSEN, RAPLH  A 2 NAME  A 2 NAME  ADDITION  ADDITION  ADDITION  BRATSEN, RAPLH  A 2 NAME  ADDITION  BRATSEN, RAPLH  A 2 NAME  ADDITION  BRATSEN, RAPLH  A 2 NAME  A 2 NAME  ADDITION  BRATSEN, RAPLH  A 2 NAME  ADDITION  BRAT	•
### Box EAST 6TH COURT PANAMA CITY FL 32401  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of dagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)	
PANAMA CITY FL 32401  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE   Fregistered Agent signature required when remistang)   12. OFFICERS AND DIRECTORS   13. ADDITION   ITILE   D/P	mber is Not Acceptable)
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of degent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE   Registered Agent signature required where reinstating)	FL 85 Zip Code
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required where reinstating)	nis statement for the purpose of changing its registered actors. I hereby accept the appointment as registered
12. OFFICERS AND DIRECTORS  TITLE  D/P  NAME  WARRINER, CLELL  STREET ADDRESS  GOB EAST 6TH COURT  CITY-ST-ZIP  PANAMA CITY FL 32401  I.1 CITY-ST-ZIP  NAME  KROBETZKY, GEORGIANNA  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY BEACH FL 32408  TITLE  D/S  NAME  BRATSEN,RAPLH  STREET ADDRESS  508 AIRPORT RD. STE.1  DELETE  1.1 TITLE  NAME  1.3 STREET ADDRESS  506 Exc 21 14  1.4 CITY-ST-ZIP  LYBON HQUYN, PL  2.3 TITLE  2.3 TITLE  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.2 NAME  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  TITLE  DELETE  1.1 TITLE  D/S  ACCITY-ST-ZIP  AL CITY-ST-ZIP  1.1 TITLE  1.2 NAME  4.1 TITLE  1.2 NAME	DATE
TITLE  NAME  WARRINER, CLELL  STREET ADDRESS  CITY-ST-ZIP  NAME  KROBETZKY, GEORGIANNA  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY BEACH FL 32408  TITLE  D/S  NAME  SRATSEN,RAPLH  STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  DELETE  1.1 TITLE  D/S  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  PANAMA CITY FL 32405  DELETE  3.4 CITY-ST-ZIP  TITLE  NAME  DELETE  1.1 TITLE  D/T  AME  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  1.1 TITLE  1.1 TITLE  1.1 TITLE  1.1 TITLE  1.1 TITLE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  3.4 CITY-ST-ZIP  TITLE  NAME  4.1 TITLE  NAME	/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME WARRINER, CLELL STREET ADDRESS GOS EAST 6TH COURT CITY-ST-ZIP PANAMA CITY FL 32401  TITLE T/D NAME KROBETZKY, GEORGIANNA STREET ADDRESS GITY-ST-ZIP PANAMA CITY BEACH FL 32408  TITLE D/S NAME BRATSEN,RAPLH STREET ADDRESS 508 AIRPORT RD. STE.1  TITLE NAME NAME  DELETE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  A CITY-ST-ZIP PANAMA CITY BEACH FL 32408  DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405  TITLE DELETE 1.4 CITY-ST-ZIP  TITLE DELETE 1.5 DELETE 1.6 CITY-ST-ZIP  TITLE NAME 1.6 CITY-ST-ZIP  DELETE 1.7 TITLE 1.7 DELETE 1.8 TITLE 1.8	Change Addition
CITY-ST-ZIP  PANAMA CITY FL 32401  TITLE  T/D  NAME  KROBETZKY, GEORGIANNA  STREET ADDRESS CITY-ST-ZIP  PANAMA CITY BEACH FL 32408  TITLE  D/S  NAME  BRATSEN,RAPLH  STREET ADDRESS CITY-ST-ZIP  PANAMA CITY FL 32405  CITY-ST-ZIP  PANAMA CITY FL 32405  CITY-ST-ZIP  PANAMA CITY FL 32405  CITY-ST-ZIP  DELETE  1.4 CITY-ST-ZIP  A CITY-ST-ZIP  LYBON HQUYN, FL  2.3 TITLE  2.3 TITLE  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  TITLE  NAME  1.4 CITY-ST-ZIP  LYBON HQUYN, FL  2.3 TITLE  4.1 TITLE  NAME  4.2 NAME	rt
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CITY-ST-ZIP         PANAMA CITY BEACH FL 32408         2 4 CITY-ST-ZIP           TITLE         D/S         ■ DELETE         31 TITLE           NAME         BRATSEN,RAPLH         32 NAME           STREET ADDRESS         508 AIRPORT RD. STE.1         3.3 STREET ADDRESS           CITY-ST-ZIP         PANAMA CITY FL 32405         3.4. CITY-ST-ZIP           TITLE         INTITULE         1.1 TITLE           NAME         4.2 NAME	
TITLE         D/S         ■ DELETE         3.1 THE           NAME         BRATSEN,RAPLH         3.2 NAME           STREET ADDRESS         508 AIRPORT RD. STE.1         3.3 STREET ADDRESS           CITY-ST-ZIP         PANAMA CITY FL 32405         3.4 CITY-ST-ZIP           TITLE         □ DELETE         4.1 TITLE           NAME         4.2 NAME	
NAME   BRATSEN,RAPLH   3.2 NAME   3.3 STREET ADDRESS   508 AIRPORT RD. STE.1   3.3 STREET ADDRESS   CITY-ST-ZIP   PANAMA CITY FL 32405   3.4. CITY-S1-ZIP   4.1 TITLE   NAME   4.2 NAME   4.2 NAME	
STREET ADDRESS   508 AIRPORT RD. STE.1   3.3 STREET ADDRESS	Change L Addition
CITY-ST-ZIP	
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NAME 4.2 NAME	
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CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE	☐ Change ☐ Addition
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STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 61 TITLE	
NAME 6.2 NAME	
STREET ADDRESS 6.3 STAEET ADDRESS	Change Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	Change Addition
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 information indicated on this annual report or supplemental annual report is true and accurate and that my signature st I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by appears in Block 12 or Block 3 if changed or on an attachment with an address.	Change Addition  Change Addition
appears in Block 12 or Block 3 il changed or on an attachment with an address.	Change Addition  Change Addition  Change Addition