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**

N93000003314 (2) DOCUMENT

Principal Place of E	Business
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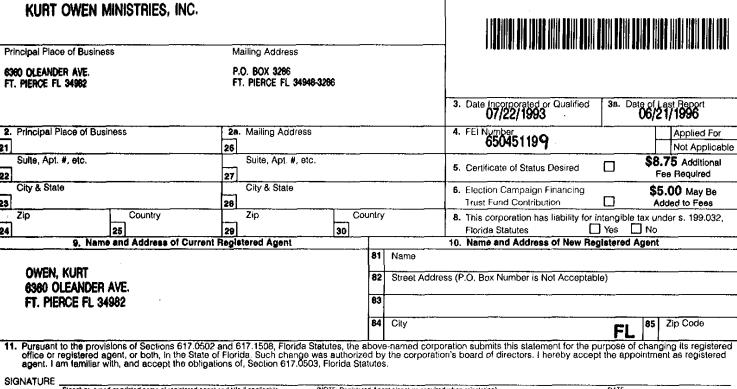
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FILED Jun 17 1997 8:00am Secretary of State



11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

agent. I a	im tamiliar with, and accept the obligations of, Si	ection 617.0503, Flor	ida Statutes.	manor s board of directors, I hereby acc	epi ine appointment as	เอนิเรเลเลต
SIGNATURE	Signature, typed or printed name of registered agent and title if ap	Alore.	Registered Agent signature re	outed when reinstalies)	DATE	
12.	OFFICERS AND DIRECTO	·	13.	ADDITIONS/CHANGES TO OFF		RS IN 12
TITLE	DP OF THE PROPERTY OF THE PROP	DELETE	1.1 TITLE	ABBITOTOTOTOTINI TOCO TO OTT	Change	Addition
NAME	OWEN, KURT		1.2 NAME			
STREET ADDRESS	6360 OLEANDER AVE.		1,3 STREET ADDRESS			
	FT. PIERCE FL 34982		1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	DST	DELETE	2.1 TITLE		☐ Change	Addition
	OWEN, TARA	T DETCH	I		Orlange	C Radillon
NAME	6360 OLEANDER AVE.		2.2 NAME			
STREET ADDRESS	FT. PIERCE FL 34982		2.3 STREET ADDRESS			
CITY-ST-ZIP	TI. FIERUE PL 34802	DELETE	2. 4 CITY-ST-ZIP		T Change	Addition
TITLE	WEOLED LOUN	L.J DELETE	3.1 TITLE		Change	L Addition
NAME	ZIEGLER, JOHN		3.2 NAME			
STREET ADDRESS	P.O. BOX 162981 N/A		3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. WORTH TX 76161		3.4. CITY+ST-ZIP			
TITLE	DV	DELETE	4.1 TITLE		Change	Addition
NAME	LEIPHON, STAN		4. 2 NAME			
STREET ADDRESS	5621 N. DONALD AV.E		4.3 STREET ADDRESS			
CITY-ST-ZIP	OKLAHOMA CITY OK 73122		4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Change	☐ Addition
NAME			5.2 NAME		()	. ^
STREET ADDRESS			5.3 STREET ADDRESS		A	11
CITY-ST-ZIP			5.4 CITY-ST-ZIP		U (
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME	•		6.2 NAME			
CTOCCT ANADECC			6.2 CTREST ADDRESS	Uh		

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), Fiorida 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 or an attachment with an address.

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