## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

## CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

| ANNUAL REPORT  1997  |   |  | Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS                  |   |                 | Secretary of State |  |                  |                                      |                            |
|--|---|--|--|---|-----------------|--------------------|--|------------------|--------------------------------------|----------------------------|
| 1  | MENT # <b>P</b> (<br>IN SOFTWARE, I   | 00810<br>NC.   | (2)  | •                                       |                 |                    | ( (\$20) (\$2) ((C. \$2)) ( \$2) (1   \$2) (1   \$2)   | Dieli Cièni d    | i <b>d</b> hi dh <b>i</b> dhi dhidhi | II BIL LABI                |
| Principal Place of Business  2646 S.W. MAPP ROAD #205 P.O. BOX 842 PALM CITY FL-94869-7849 |   |  | Mailing Address  2648 S.W. MAPP ROAD #205 P.O. BOX 642 PALM CITY FL-04998-6746 |   |                 |                    |  |                  |                                      |                            |
|  |   |  |  |   | . <del></del>   |                    | 3. Date Incorporated or Qualified 02/02/1984   |                  | te of Last Re<br>25/1996             |                            |
| 2. Principal Pi  | lace of Business  | 26   | failing Address  |   |                 |                    | 4. FEI Number 59-2338051   |                  |                                      | plied For<br>t Applicable  |
| Suite, Apt.  | #, etc  |  | uite, Apt. #, etc.   | ·····                                   |                 |                    | Certificate of Status Desired  |                  | \$8.75 A                             | Additional                 |
| City & State   | e   | 28   | Sity & State   |   |                 |                    | 6. Election Campaign Financing Trust Fund Contribution   |                  | \$5.00<br>Added t                    |                            |
| 24 3499  |   | 29 3   | 1991 - 1991  | 30 Cou                                  | ntry            |                    |  | Yes              | ☐ No                                 | 199.032,                   |
|  |   | ress of Current Registe  | red Agent  | ····                                    | 81              | Nama               | 10. Name and Address of New R  | gistered         | Agent                                |                            |
|  | drum, Richard, H<br>3 Sw Mapp Road,   |  |  |   |                 | Name<br>Street Add | ress (P.O. Box Number is Not Accepta   | hin)             |                                      | ****                       |
| 2949 S.W. CORNELL AVE.   |   |  |  |   |                 | Sireer Add         | ress (F.O. Box Number is Not Accepta   | DIB)             |                                      |                            |
| PALI   | M CITY FL 34990   |  |  |   | 83              |                    |  |                  |                                      |                            |
|  |   |  |  |   | 84              | Crty               |  | FL               | 85 Zip (                             | Code                       |
| 11. Pursuant office or r   | to the provisions of Se<br>egistered agent, or bo<br>im familiar with, and ac | ctions 607.0502 and 607<br>th, in the State of Florida<br>scept the obligations of | .1508, Florida Statu<br>. Such change was<br>Section 607.0505, F               | tes, the al<br>authorize<br>lorida Stal | bove-<br>d by t | named corpora      | poration submits this statement for the tion's board of directors. I hereby acce   |                  | changing its                         | s registered<br>registered |
| SIGNATURE  |   |  |  |   |                 |                    |  |                  |                                      |                            |
| 12.  |   | nic of registered agent and tille if a<br>OFFICERS AND DIRECT                      |  | 13.                                     | d Agen          | signature redu     | red when reinstating) ADDITIONS/CHANGES TO OFFI  | DATE<br>CERS AND | DIRECTOR                             | S IN 12                    |
| TITLE  | PTD   |  | DELETE   | 1.1 Ti                                  | TLE             | <u> </u>           | ······································   |                  | Change                               | Addition                   |
| NAME   | LANDRUM, RICHA  |  |  | 1.2 N                                   | AME             | Į.                 |  |                  |                                      |                            |
| STREET ADDRESS   | 2949 S.W. CORNE<br>PALM CITY FL   | ELL AVE.   |  |   |                 | DORESS             |  |                  | 34°                                  | <b>ን</b> ዋስ                |
| CITY - ST - ZIF  | VSD   |  | DELETE   | 2.1 TI                                  | TY-ST-          | - 212              |  |                  | Change                               | Addition                   |
| NAME   | LANDRUM, JANE   |  |  | 2.2 N                                   | AME             |                    |  |                  | <del>-</del>                         |                            |
| STREET ADDRESS   | 2494 S.W. CORNS   | ELL AVE.   |  | 2.3 S                                   | TREET A         | DDRESS             |  |                  | 2                                    | a n                        |
| CITY-ST ZIP  | PALM CITY FL  |  | DELETE   |   | ITY-ST          | - ZIP              |  |                  | 349<br>□ Change                      | 70<br>Addition             |
| T:TLE<br>NAME  | CLARK, ELIZABET   | 'H LANDRUM   | L_1 octit  | 31 TE<br>32 N                           |                 |                    |  |                  | T ORUME                              | FET MOUNDIN                |
| STREET ADDRESS   | 1353 MIDDLE RIV   |  |  |   |                 | DORESS             |  |                  | 970                                  | A . 1                      |
| CHY-S1-74P   | FT. LAUDERDALE  | FL   |  | 3.4. C                                  | ITY-ST          | - ZIP              |  |                  | 333                                  | •                          |
| TITLE  | D<br>OWIGHED DODER  | •  | DELETE   | 4.1 []                                  |                 |                    |  |                  | Change                               | Addition                   |
| NAME   | SWISHER, ROBER 4 BANCHORY CT  |  |  | 4. 2 N                                  |                 |                    |  |                  |                                      |                            |
| STREET ADDRESS   | PALM BCH. GARD  |  |  | 1                                       |                 | DDRESS             |  |                  | 334                                  | 18                         |
| CITY-ST-ZIP<br>TITUE   |   |  | DELETE   | 5.1 TI                                  | TY-ST-<br>TLE   | - 217              | Commence Com |                  | Change                               | Addition                   |
| NAME   |   |  |  | 5.2 N                                   |                 | ſ                  |  |                  | -                                    |                            |
| STREET ADDRESS   |   |  |  | 5.3 S                                   | TREET A         | DDRESS .           |  |                  |                                      |                            |
| C-TY+S1+ZIP  |   |  | T herese   |   | TY-ST           | - ZIP              |  |                  | T 0:                                 | T 1 4 2 2 2 2 2            |
| THLE   | }   |  | DELETE   | 6.1 (                                   |                 | 1                  |  |                  | Change                               | Addition                   |
| NAME<br>STREET ADDRESS   |   |  |  | 62 N                                    |                 | .DDRESS            | •  |                  |                                      |                            |
| STOREG MEDINA 99   | I   |  |  | 033                                     | ILLEY M         | PDIESS             |  |                  |                                      |                            |

6.4 CITY - ST - ZIP 14. Ido 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 it chapted, or on an adactment with an address.

SIGNATURE:

(561) 286-1324

**FILED** 

Apr 15 1997 8:00am