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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

·	ice of Business AKE MARY BLYD . 32773	Mailing Address 1775 E. LAKE MARY 8L SANFORD FL 32773-713 US	VD. 8	······································				
					3. Date Incorporated or Qualified 04/22/1985	1 .	te of Last R 2 7/1996	eport
. Principal	Place of Business	2a. Mailing Address			4. FEI Number	1 0611		oplied For
1		26			34-1464887		No	ot Applicable
Suite, Ap	L#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & St	FORD, FLA.	City & State	· · · · · · · · · · · · · · · · · · ·		Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for i			
	25	29	30		Florida Statutes	Yes [] No	
	Name and Address of Curren	nt Registered Agent		.,	10. Name and Address of New Re	gistered /	lgent	
	ST, TED A.		8	1 Name				
1775 EAST LAKE MARY BLVD			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptab	le)		*****
SA	NFORD FL 32773		8	3		· · · · · · · · · · · · · · · · · · ·		<u>.</u>
		1		1				
			8	4 City		FL	85 Zip	Code
office of	r registered agent, or both, in the State	of Florida, Such change was entires of Spotion 607 0506 I	utes, the abo s authorized l Storida Statut	ve-named copy the corpo	orporation submits this statement for the poration's board of directors. I hereby accep	urpose of ot the app	changing it ointment as	ls registered registered
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6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 respiter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the co appears in Block 12 or Block 13

6.1 TITLE

6 2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZiP

DELETE

Change

Addition

FILED

May 21 1997 8:00am

Secretary of State