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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1997			Secretary of State DIVISION OF CORPORATIONS				Secretary of State					
1. Corporatio	MENT# P	07891 ERS, INC.	(5)	v , manufaksanan						-		
Principal Plac	e of Business	Mai	ing Address									
555 PADDOCK PARKWAY PO BOX 11676 ROCK HILL SC 29730		555 PO ROC	555 PADDOCK PARKWAY PO BOX 11676 ROCK HILL SC 29731-1678									
		US						 Date Incorporated 10/28/1985 	or Qualified	!	of Last R 1/1996	eport
2. Principal f 21	Place of Business	<u></u> ₁	2a. Mailing Address					4. FEI Number 14-1378778				plied For t Applicable
Sute, Apt.	#, etc		Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional				Additional
City & Star			City & State					Fee Required 6. Election Campaign Financing \$5.00 May Be				
23 Ζφ	Co.,r	itry 28	7 ір	Cou	ntry			Trust Fund Contril 8. This corporation h		ntangible t	Added to ax under s	
24	25	and the control of th			30			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
		ress of Current Registe	red Agent		81	Name		10. Name and Addre	SS OT NOW HO	gistered A	gent	
	CORPORATION SY: 10 S. PINE ISLAND I				82			on (B.O. Boy Number in	Alot Assentab	In)	***************************************	
	NTATION FL 33324				02	Sireet	Auure	ss (P.O. Box Number is	NO ACCEPIAD			
					83							
					84	City				FL	85 Zip (Code
office or agent 1a SIGNATURE	registered agent, or bo an familiar with, and a	ections 607.0502 and 60 oth, in the State of Florida occept the obligations of,	n. Such change was Section 607.0505, F	authorized lorida Stat	d by utes	the cor	poratio	n's board of directors.	hereby accep	DATE	intment as	registered
12.	1	OFFICERS AND DIRECT		13.				ADDITIONS/CHAN	GES TO OFFIC			
TOLE	PANED WILLIAM	u	☐ DELETE	1.1 Til						L	Change	Addition
NAME STREET ADDRESS	BAKER, WILLIAM 50 FARIWAY RID			1.2 N/		ADDRESS						
E TY - \$2 - 769	CLOVER SC	VL		1.4 C/								
Titt	SD		DELETE	2.1 TI	******					1	Change	Addition
NAM:	BAKER, MARLEN					2.2 NAME						
STREET ADDRESS		GE				ADDRESS						
CHY-ST 7P TOTA	CLOVER SC DV		X DELETE	2. 4 C 3.1 TI		ST - ZIP	DD	ESIDENT/DI	DECHIOD	Y	Change	Addition
NAME	BAKER, DONALD)	Les Occess	3.1 H				AKER, DONAI		,	Pi manga	- riddition
STREET ADDRESS	14 WOODVINE L					ADDRESS	1	WOODVINE				
CHT-ST ZIP	CLOVER SC			3.4. C	ITY - 9	S1 - ZIP		AKE WYLIE,		10		
TIFEE			DELETE	4.1 10						Į	Change	Addition
NAME				4, 2 N								
SHEET ALU6ESS						ADDRESS						-
COLY-ST ZH THAT			DELETE	51 7I		T-ZIP	 				Change	Addition
NAMI:				52 N							_ •	_
SUED LAFORESS				5351	REET	ADDRESS						
(31 ¥ - 51 - 24F				54 CI	TY-S	ST-ZIP						
THILE			☐ DELETE	61 TI						İ	Change	Addition
NAME SAUSE E MANGERO				62 N		. knooree						
STREET ADDRESS COLVESTEZE						ADDRESS ST-ZIP						
				■ 01U	ں ۔ ، ،	r - 4-11						

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

SIGNATURE:

DENTYDIRECTOR

800-324-1111

FILED

May 08 1997 8:00am