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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 19 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT 1. Corporation Name	#	P29668

Principal Place of Business  Principal Place of Business  2175 TAMIAMI TRAIL OSPREY FL 34229  (1)  Mailing Address 2175 TAMIAMI TRAIL OSPREY FL 34229  OSPREY FL 34229-9696					
					Date of Last Report 5/24/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	26 Suite, Apt. #, etc.		58-1598835	Not Applicable \$8.75 Additional
22	. W. Olo.	27		5. Certificate of Status Desired	Fee Required
City & Sta	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T 75	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intang Florida Statutes	ible tax under s. 199 032,
24]	9. Name and Address of Curre			10. Name and Address of New Register	
SHIF	RLEY, JIMMY D.		81 Name		
	5 TAMIAMI TRAIL		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
OSP	PREY FL 34229		83		H. C. Value and A.
			84 City	F	85 Zip Code
agent. I a SIGNATURE	Signature, typed or printed harm of registered a		Torida Statutes.  If Hegistered Agent a gnature req	rporation submits this statement for the purpos ation's board of directors. I hereby accept the pred when reinstairing DAT ADDITIONS/CHANGES TO OFFICERS A	F
TITLE	PD	DELETE	1.1 TBLE	and a second sec	Change Addition
NAME	SHIRLEY, JIMMY D.		1.2 NAMÉ		
STREET ADDRESS	615 WATERSIDE WAY SARASOTA FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	STD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	SHIRLEY, BARBARA	<del></del> ,	2.2 NAME		
STREET ADDRESS	615 WATERSIDE WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	T DECEM	2. 4 CITY - \$1 - ZIP		1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME		DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHY-ST-ZIP		
TITLE		☐ DELETE	4.5 THUE		Change Addition
NAME	J		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 GITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - 7(P		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME expres apposed			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing does not information indicated on this angual report or supplemental annual report am an officer or director of the corporation or the receiver or trustee (appears in Block 12 or Block 11 if grianged, or on an algorithment withly qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the in future and locurate and that my signature shall have the same legal effect as if made under oath; that implies the properties of the propert