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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P31966

(5)

| Principal Place of Business | Mailing Address |
|-----------------------------|---------------------|
| 8304 SE 87TH STREET | 6304 SE 87TH STREET |
| OCALA FL 34472 | OCALA FL 34472-3449 |
| US | US |

FILED Apr 18 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address 6304 SE 87TH STREET OCALA FL 34472 US Mailing Address Mailing Address OCALA FL 34472-3449 US | | | | | |
|---|--|--|--------------------------------------|---|---|
| | | . ,, | | 3. Date Incorporated or Qualified 11/28/1990 | 3a. Date of Last Report 05/01/1996 |
| 2, Principal. | Place of Business | 2a. Mailing Address | | 4. FEI Number 38-2920269 | Applied For Not Applicable |
| Suite, Apt | t. #, etc. | Suite, Apt. #, etc. | | Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Sta | ato | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| Zip 24 | Country 25 | 7(p | Country 30 | Trust Fund Contribution 8. This corporation has liability for Florida Statutes | Added to Fees intangible tex under s. 199.032, Yes No |
| 24 | 9. Name and Address of Currer | [29] nt Registered Agent | . 1301 | 10. Name and Address of New Re | |
| 236 | der, larry 30 SE 173RD CT Ver Springs FL 32688 | | 81 Name 82 Street Add 83 84 City | dress (P.O. Box Number is Not Acceptat | FL 85 Zip Code |
| 11, Pursuant office or agent. I | | | | rporation submits this statement for the palation's board of directors. I hereby acceptions | urpose of changing its registered of the appointment as registered |
| | Signature, typed or printed name of registered age | ent and title if applicable. (NO ID DIRECTORS | II : Registered Agent signarule requ | May 1.5. 1.1 | DATE |
| 12. TITLE | COP | DELETE | 13. 1.1 THLE | ADDITIONS/CHANGES TO OFFIC | Change Addition |
| NAME STREET ADDRESS | RYDER, LARRY 6304 S.E. 87TH STREEET | | 1.2 NAME 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA FL | | 1.4 CHY-S1-ZIP | | |
| TITLE | VST | DETETE | 21 BILF | | Change Addition |
| NAME | RYDER, INGRID | | 2.2 NAME | | |
| STREET ADDRESS | 6304 SE 87TH STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA FL | | 2.4 City- S1- ZIP | | |
| TITLE | | 🗆 भाग | 3.1 1111.1 | | Change Addition |
| NAME OTREET ADDRESS | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 3 4 CHY-ST-7/P 4.1 TITLE | | Change Addition |
| NAME | } | <u></u> | 4. 2 NAME | | - go had room |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY- \$1-7IP | | |
| TITLE | | [,] DELETE | 5.1 111(£ | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | 1 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CHY- \$1 - ZIP | | |
| TITLE | | DELETE | 61 1111 (| | Change Addition |
| NAME | 1 | | | | |
| PENIEL | | | 6 2 NAME | | |
| \$TREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| | | | | | |

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 eath; 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.