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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 29 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT #

Principal Place  340 LAKE PEAL  LAKE HELEN F	RL <b>Dr</b> ive	Mailing Address  340 LAKE PEARL DRI LAKE HELEN FL 3274				
					3. Date Incorporated or Qualified 11/06/1992	3a. Date of Last Report 01/16/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0367581	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	e	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ŗy	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25 9. Name and Address of Curr	29 29 Agent	[30]		Florida Statutes  10. Name and Address of New Rec	
200	NOHICK, KENNETH C P.A.		8	1 Name		
	I E ÖAKLAND PARK BLVD			A 60	(0.0.0.1)	
	E 200		B	2 Street Add	ress (P.O. Box Number is Not Acceptable	e)
	AUDERDALE FL 33306		8	3		
	AODENDALE (E 00000			4 City		2 - 0 - 10
			°	d City		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accept the obt	502 and 607.1508, Florida S ite of Florida Such change v ligations of, Section 607.050	tatutes, the aboves authorized 5, Florida Statut	ove-parned corby the corpora	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE						
12.	Signature, typed or printed harrie of registered a	agent and title if applicable  AND DIRECTORS	(NOTE Registered A	gent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	PD	DELETE		- 1	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	BENTON, LOUIS T III		1 ? NAM			
STREET ADDRESS	340 LAKE PEARL DRIVE			ET ADDRESS		
CITY-ST-ZIP	LAKE HELEN FL 32744	14 CHY - ST - ZIP				
TITLE	STD	DELFTE				Change Addition
NAME	FRANK, CAROLYN		2.2 NAME			ì
STREET ADDRESS	340 LAKE PEARL DRIVE		2 3 STRE	ET ADDRESS		
_CITY-ST-ZIP	LAKE HELEN FL 32744		2 4 CITY	'-S1-ZIP		
TITLE		DELETE	3.1 TITE			☐ Change ☐ Addition
NAME			3.2 NAM	r		
STREET ADORESS			3.3 STRE	FT ADDRESS		
CITY-ST-ZIP				- ST - Z)P		
TITLE		DELETE		1		Change Addition
NAME			4 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		DELETE	4 4 CHY			Change Addition
TITLE NAME			5 1 TITLE 5.2 NAM			C cuende D vanition
STREET ADDRESS				t E1 ADDRESS		
CITY-ST-ZIP			5.4 C(1)			
TITLE		DELETE				Change Addition
NAME		Name - L. P P.	6.2 NAM			
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP				- S1 - 7IP		

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 is changed, or on an attachment with an address.