SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

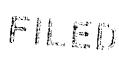
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



97 JUL 29 AH 9: 17

		# P9200 Of Florida B)		SECRETARY DE STATE TALLAHASSEE FLORIDA
						SECRE MAY DE STATE TALLAHASSEE FLORIDA	
Principal Place of Business				iling Address			
6883 N.E. 79TI WILDWOOD FL). BOX 237 .DWOOD FL 34785			
WILLWOOD FL	L 34/03		4911	JW000 FL 34763			DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal P	lace of Busine	288	<u> </u>	Mailing Address			
21 Suite. Apt.	# elc	,	26	Suite, Apt. #, etc.			- \$8.75 Additional
22	#, Oto.		J	27			I & Control of Status Desiron I I
City & State	e			City & State			6. Election Campalon Financino \$5.00 May Re
23			28	28			
Zip		Country		Zip		ry	
24	25						
		and Address of Cu	rrent Hegist	ered Agent		1 Nama	10, Name and Address of New Hegistered Agent
	lker, S. SC				0	INAME	
527 E. UNIVERSITY AVE.							Address (P.O. Box Number is Not Acceptable)
GAI	ne\$ville f	L 32601			8	3	
					8	4 City	□ 85 Zip Code
11. Pursuant	to the provision	ns of Sections 607	0502 and 60	7.1508, Florida Sta	tutes, the abo	 ve-named c	corporation submits this statement for the purpose of changing its registerer
office or r	egistered age	int, or both, in the S	tate of Florid	a. Such change wa	is authorized l	by the corpo	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	an ignimum trice	i, and decopt the c	ingarono or,	2001011 001 100001	Tiorian otatat		
SIGNATURE	Signature, lyped o	r printed name of registere			VOTE: Registered A	gont signature re	
12.			AND DIREC	ND DIRECTORS			
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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.

Wildwood, FL 34785 Phone: 352/748-6164 Fax: 352/748-8834

07-18-97



The Heart of Florida

To: FL. Depr. of STATE

RE: Corp. AnnuelReport
filing face
We are a pmall marker, family run
Company, my wite has taken care of the 600km
and items such as Corporation reports.

accident and died as a result. There were many files in the Cor she was driving and because I can find no evidence of the First because I believe it was among papers and files that were lost in the wreck,

I am enclosing a Check for 550 But I am assuing it, because of the un for timate circumstances, your office would see fit to waive the late fee and return 385, or to us.

Six corely, Keith Walker