FILE NOW: FILING FEE AFTER MAY 7:18 3550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

1997

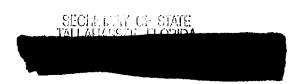
DOCUMENT #

Principal Place of Business
3 4 5 UNIVERSITY
HIMAMAN, F. 33 OF

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS* FILED

97 JUL -- 1 AM 10: 14



					St Bate Medipolated of acadines	e. Date of Last Neport
Principal F	Place of Business	2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
11			26		65-0386300	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.				\$9.75 Additional
2			27		5. Certificate of Status Desired	Fee Required
City & Stat	6	City & State	\$ 		6. Election Campaign Financing	\$5.00 May Be
3			28		Trust Fund Contribution	Added to Fees
Zip			p Country		8. This corporation has liability for inter	110000101000
4	25 29 30		30		Florida Statutes	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
D. C. Carre				81 Name		
DONALD SHELOY			<u> </u>	82 Street Address (P.O. Roy Number in Not Assessable)		
3240 5 UNIVERSITY DA				82 Street Address (P.O. Box Number is Not Acceptable)		
DONALD SARLEY 3240 S UNIVERSIY DA MINAMAN, FL 33 OVS			8	3		
•			B	4 City		FI 85 Zip Code
Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered						
office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE Signature Types of hundred harmly integrationed agent and title if applicable. (NOTE Registered Agent signature required when reinstating). DATE						
-		ND DIRECTORS	13.	Acre aduquine tedos	ADDITIONS CHANGES TO OFFICERS	
TITLE	70	DELETE	1.1 TITLE	T	the transfer of the transfer o	☐ Change ☐ Addition
NAME			1.2 NAME		manife Special Persons Straight Special Persons Terrors T	_ · -
STREET ADDRESS					70000223	J (4 (*****)
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STREET ADDRESS			l i			
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CITY-ST-ZIP					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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TY-ST-ZIP				T ADDRESS		•
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AME		Land Detreit				Change Changion
TREET ADDRESS			6.2 NAME			
TY-ST-ZIP	1 70			T ADDRESS		
	v certify that the information supplies	ad with this filing does not qualit	6.4 City-:	SI-ZIP	in Section 119 07(3)(i) Florida Statutos III	Ifther cortily that the
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 is am an officer or director, by the corporation or the receiptor of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or prock 13 if changed, or on an affacting twith an address.						
webeals in block 12 or proce, 13 it changed, or on an ayacomignit with an address.						