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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P92000013835 (3)

N. FRANKLIN WALTERS, C.P.A., P.A.

Principal Place of Business	Mai

Mailing Address

## FILED May 02 1997 8:00am Secretary of State



2630 NW 41 ST GAINESVILLE FL 32808			2630 NW 41 ST Gainesville FL 32 <del>806-868</del> 8							***************************************		
								3. Date Incorporate 12/23/1992		3a. Date 07/23	of Last Ro 3/1996	eport
	ace of Business		2a. M	ailing Address		•		4. FEI Number			Ap	plied For
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Suite, Apl. #	#, etc.	27								Additional quired		
City & State	esviue F		City & State 28 GA (NESURCE, FC				6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe					
Zip 24 <b>316</b> 0	Count	Activ <u>A</u>	20		Č	untry A C AC	LILA	8. This corporation Florida Statutes	n has liability for in	nta igible ta		199.032,
	9. Name and Addr	ess of Curren					11.2.2.4	10. Name and Add	iress of New Reg	gistered Ag	ent	
WAL	.Ters, N. Frankli	٧				81 Na	me					
	OA NW 41ST ST.	•				82 St	reat Addre	ess (P.O. Box Number	r is Not Acceptab	le)		
	NESVILLE FL 32808					83		OSC (1 .O. DOX 110110C)	18 THUL HOUSEHOLD		***************************************	
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						84 Ci	ty			FL	<b>85</b> Zip (	Code .
office or re agent. I an	to the provisions of Sec egistered agent, or bot in familiar with, and ac	ctions 607.0503 h, in the State copt the obliga	2 and 607, of Flonda, ations of, S	1508, Florida Sta Such change w ection 607.0505	atutes, the as authoriz , Florida St	above-na ed by the atutes.	med corpo corporation	oration submits this st on's board of director	atement for the p s. I hereby accep	urpose of chat the appoin	nanging it itment as	s registered registered
SIGNATURE	Signature: typed or profind nan	ne of rog stered agen	nt and tice if ap	ophoable (	NOTE: Registe	red Agent sig	nature requirer	d when reinstating)	***************************************	DATE		
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. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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 cofforation 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 through of on an attachment with an address.

SIGNATURE

HE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR P 265, 724,314

77 352-372-1040