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 # P92000013951 (8)

| Principal Plac 4801 S US 1 FT. PIERCE FL US | | Mailing Address 4801 S US 1 FT. PIERCE FL 34982-7077 US | | | | |
|--|---|--|---------------------------------|--|--|--|
| | | | | | 3. Date Incorporated or Qualified 12/18/1992 | 3a. Date of Last Report 05/01/1996 |
| 2. Principal P | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-3156787 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | Fee Required | |
| City & Stato | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be | |
| Zip Country | | 7 _(p) | Zip Country | | 8. This corporation has liability for in | |
| 24 | 25 29 30 | | · · · | | | Yes No |
| | 9. Name and Address of C | | | | 10. Name and Address of New Reg | istered Agent |
| | GHAM, DEBORAH A | | 81 | Name | | |
| 4801 | i s us, i | | 82 | Street Add | lress (P.O. Box Number is Not Acceptable | 9) |
| FT. | PIERCE FL 34982 | | | | | |
| | | | 83 | | | |
| | \ | | 84 | City | | FL 85 Zip Code |
| 11. Pursuant office or r agent. I a | to the provisions of Sections 60' egistered agent, or both, in the im familiar with, and accept the Signature, typed or punted hance of register | | | | poration submits this statement for the pu tion's board of directors. I hereby accept | rpose of changing its registered the appointment as registered |
| 12. | | S AND DIRECTORS | 13. | ar Signature of Artist | ADDITIONS/CHANGES TO OFFICE | |
| TITLE | D | ☐ DELETÉ | 1.1 TITLE 1.2 NAME | | | Change Addition |
| NAME | WHIGHAM, GARY | | | | | |
| STREET ADDRESS | 4801 S US 1 | | | ADDRESS | | |
| CITY-ST-ZIP | FT. PIERCE FL | DELLIC | 14 CITY - S1 - 7IP | | | |
| TITLE | | ☐ DELETE | 21 TITLE | | | Change Addition |
| NAME Street address | | | 2.2 NAME | 4000(00) | | |
| CITY-ST-ZIP | · | | 2 3 STREET . 2.4 CHY-S | | | : |
| THILE | | | 3.1 TITLE | | | Change Addition |
| NAME | | _ | 3.2 NAME | | | - • |
| STREET ADORESS | RESS 33 | | 3 3 STREET | ADDRESS | | |
| CITY-ST-ZIP | IP | | 34. CITY-S | 1 · ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | | | Change Addition |
| NAME | | | 4. 2 NAME | 1 | | |
| STREET ADDRESS | | | 4.3 STREF1 | ADORESS | | |
| CITY-ST-ZIP | | DELETE. | 4.4 CITY - ST | I - ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change Addition |
| NAME OTDEET ADDRESS | | | 5 2 NAME | ADDUCCC | | DE . |
| STREET ADDRESS CITY-ST-ZIP | | | 5 3 STREET | | | 17.1 |
| TITLE | | DELETE | 5.4 CHY - S1 - ZIP 6.1 TITLE | | | Change Addition |
| NAME | | ,_ | 62 NAME | | 300002221 -07/02/970100 | 8433 |
| STREET ADDRESS | | | 6.3 STREET | ADORESS | -07/02/970100 | 1030 |
| CITY-ST-ZIP | | | 6.4 CITY - ST | | ***550 . 00 | |

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. (Jurther certify that the information indicated on this annual report or supplemental annual report is true and accurate and that mysignature shall have the same legal placet as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report at required by Chapter 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE DECURED TO MAKE

CR2E034 (9/96)

FILED

Jul 01 1997 8:00am

Secretary of State