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

PROFIT CORPORATION ANNUAL REPORT

1997

THE REPORT OF THE PARTY OF THE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 13 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000011595 (4)

Principal Place of Business Mailing Address 1290 REDSTART RD VENICE FL 34293 VENICE FL 34293-2951					
US		12 WOL 12 042002001			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				02/08/1993	05/01/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0393463	Not Applicable
Sulte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 City & Stat	10	City & State			Fee Required
<u> </u>				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	This corporation has liability for in	
24	25	<u> </u>	30		Yes No
	9. Name and Address of Cur			10. Name and Address of New Reg	
A DEE	GLER, SARI LYNN		81 Name		
	I S TAMIAMI TR		82 Street Addi	ress (P.O. Box Number is Not Acceptable	0)
STE			Sireet Addi	ress (F.O. Box Number is Not Acceptable	e)
	ICE FL 34292		83		
75.11			84 City		Teel 7 Code
			84 City		FL 85 Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ob- Signature, typed or printed name of registered		Luthorized by the corporal prida Btatutes. - Registered Agent signature requi	ooration submits this statement for the pution's board of directors. I hereby accept accept when reinstating)	the appointment as registered
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	ROSS, LINDA J		1.2 NAME		
STREET ADDRESS	1290 REDSTART RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		14 CiTY-S1-ZiP		
TITLE	DST	☐ DELETE	2.1 TITLE		Change Addition
NAME -	KLEIN, JAMES B		2.2 NAME		
STREET ADDRESS	910 RIVERSIDE DR E		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	Double	2. 4 CITY - S1 - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME "			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP		Change
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME OTREET LIBORESS			4. 2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE			52 NAME		CT change C vocation
NAME STREET ADDOCCO					
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-\$T-ZIP TITLE		☐ DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		Change Addition
					El Annuño El Voquioli
NAME STORES ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 impowered 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. (941)