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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000012372 (7)

Principal Place of Business Mailing Address 766 S. BARFIELD DR. MARCO ISLAND 39 39697 US MARCO ISLAND 39 39697						
		7113		 Date Incorporated or Qualified 02/11/1993 	3a. Date of Last Report 05/09/1996	
	lace of Business	2a. Mailing Address	Field Do	4. FEI Number	Applied For	
Sulte, Apt. #, etc.		26 766 S. BARFIELD OR Suite, Apt. H. etc.		65-0398497	Not Applicable	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	ө	City & State 28 MARCO IS IA	Nd FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,	
24	25 9. Name and Address of Curren		Q6A	Florida Statutes 10. Name and Address of New Re	Yes X No	
WOO	DOWARD, CRAIG R	r nogratoreo Agont	81 Name	10. 114110 4114 1144		
606 BALD EAGLE DR			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 500			83			
MAR	CO ISLAND FL 33969- <i>34145</i>					
			84 City		FL 85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was aut ations of, Section 607.0505, Florid	the above-named corp horized by the corporat da Statutes.	poration submits this statement for the lition's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ago	AIOT F	legistored Agent signature requir	red ut no reinstalled	DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1 TO LE		Change Addition	
NAME	RZACA, RICHARD		1.2 NAME			
STREET ADDRESS CITY-ST-ZIP	766 S BARFIELD 3 MARCO ISLAND FL 88937 プ	14143 ⁻ 81145	1.3 STREET ADDRESS 1.4 DITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition	
NAME	BOWEN, LESTER	KIRK TEARACE	2 2 NAME	•		
STREET ADDRESS	041 00011 011		2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	MARCO ISLAND FL	3 414.5 ☐ DELETE	2 4 City-St-ZIP 3.1 Title		Change Addition	
NAME		_	3.2 NAME		-	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TULE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
TITLE NAME			5.2 NAME		۱٬۵۵۱۱۷۱۱ ـــــ	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CHY- ST-ZIP			
14 I do herel	by certify that the information supplied	with this filing does not qualify	or the exemption stated	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same leg	es. I further certify that the	
l am an o appears l	ifficer or director of the corporation or in Block 12 or Block 12 in Shanged.	the receiver or trustee empower on an attachment with an addre	ed to execute this reports.	rify signatore shall have the same leg- rt as required by Chapter 607, Florida	Statutes; and that my name	