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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P93000013480 (7)

## FILED May 19 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  245 18TH AVE. VERO BEACH FL 32962  Principal Place of Business Mailing Address P.O. BOX 1187 VERO BEACH FL 32961-1197 US							
					3. Date incorporated or Qualified 02/15/1993	3a. Date of La 04/25/199	
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			65-0386137		Not Applicable
Sulte, Apt.	#, OIC.	Suite, Apt. #, etc	<b>.</b>		5. Certificate of Status Desired		5 Additional Required
City & State	6	City & State			6. Election Campaign Financing		<b>00</b> May Be
23		28			Trust Fund Contribution		led to Fees
Zip	Country	Zip	Cou	untry	8. This corporation has liability for it		ors 199.032,
24	25	[29]	30	T		Yes No	
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Reg	jistered Agent	
GETCHELL, GARY S							
	18TH AVENUE 10 BEACH FL 32962			82 Street Ad	dress (P.O. Box Number is Not Acceptab	lo)	
ACU	IN PEVOLLIC OFFICE			83		*. · · · · · · · · · · · · · · · · · · ·	
				B4 City		FL  85   2	Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	502 and 607,1508, Florida 5 te of Florida. Such change gations of, Section 607,050	Statutes, the a was authorize 15, Florida Sta	bove-named co d by the corpor lutes.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changir I the appointmen	ng its registered I as registered
SIGNATURE	Signature, typod or printed name of registered as	gottl and little if applicable	(NOT) For pistero	ed Agent signature rec	guired where reinstaling)	DATI	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	P	DELET	E 1.1 T	flt£		Char	nge 🔲 Addition
NAME	GETCHELL, GARY, S		1.2 N		•		
STREET ADDRESS	245 18TH AVE		1	THEE I ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32962 VPST	□ DELET		HY-S1-ZIP		☐ Char	nge Addition
TITLE	MCCLEARY, MILDRED	L.J DELFI	1	ì		LJ Criar	.ge [_] AUUIIIU/I
STREET ADDRESS	1111 ADMIRAL'S WALK		2.2 N	TRELT ADDRESS			I
CITY-ST-ZIP	VERO BEACH FL 32963			CHY-S1-7IP		20	
TITLE	TENO DESCRIPTION	DELET				Char	ige Addition
NAME			321				<u> </u>
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP			3.4. (	CITY-S1-ZIP			
TITLE		DELET	€ 4.17	TLE		Char	nge 🔲 Addition
NAME			4.21	NAME			
STREET ADDRESS			4.3.5	TREET ADDRESS			
CITY-ST-ZIP				31Y - S1 - 2IP			
TITLE		☐ DELFT		i		☐ Char	nge 🔲 Addition
NAME			5.2 N	]			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP TITLE		DELET		011Y-S1-7IP		Char	nge Addition
		<u></u>		1		L_1 Olia:	igo <u>(</u> ) Mutri((0))
name Street adoress			62 N	TREET AUDRESS			
				STY-ST-ZIP			
CITY-ST-ZIP			■ 04L	011-51-71	***		

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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered desecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phagued, or on an attachment with an addings.

Mario S. Gutchel

4/2/01

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