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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000013759 (4)

## **FILED** May 07 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 449 SW PONOKA ST. 449 SW PONOKA ST.							
SEBASTIAN		SEBASTIAN FL 329				I do Data di anti	
					3. Date Incorporated or Qualified 02/23/1993	3a. Date of Last R 08/14/1996	өроп
2. Principal	Place of Business	2a. Mailing Addres	s		4. FEI Number		plied For
26		· · · · · · · · · · · · · · · · · · ·			65-0389902		
Suite, Ap	t 有, etc	Suite, Apt. #, et	c.		5. Certificate of Status Desired	\$8.75 /	
City & St	ale	City & State		***********************	6. Election Campaign Financing	\$5.00	<del></del>
3		28			Trust Fund Contribution	Added t	
Zip m	Country	Ζφ	Cou	ntry	8. This corporation has liability for it		1 <b>9</b> 9.032,
!	25	29	30		Florida Statutes  10. Name and Address of New Reg	Yes No	
	9. Name and Address of Cu	itteur vedikieleg Affaur		81 Name	IV. Name and Address of New As	distered Adeist	
GARLAND, FRANK A JR			ļ				
	9 SW PONOKA ST.			82 Street Add	ess (P.O. Box Number is Not Acceptable)		
St	Bastian FL 32958			83			
				64 City		FL  85   Zip (	Code
SIGNATUHE 12.	Signal or primed rank of registern	id agent and little its policable	(NOTE: Registered	1 Agent signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOR	S IN 12
liTe <b>F</b>	D	DELE	TE 1.1 TIT	TLE		Change	Addition
NAME	GARLAND, FRANK A JR		1.2 N	IME			
STREET ADDRESS	7,0		1.3 ST	REET ADDRESS			
11 Y - S1 - 20F	SEBASTIAN FL 32958	Florie		TY-ST-ZIP		Change	Addition
MLE	D CARN AND FOATIK A IN	[_] DELE			•	☐ Change	Addition
VAME STREFT ADDRES	GARLAND, FRANK A III 449 SW PONOKA ST.		2.2 N/	REET ADDRESS			
STRECT RUUMES STY-ST-ZIP	SEBASTIAN FL 32958			ITY-ST-ZIP			
111(f	OCDAVIDATIC OCON	DELE		<del></del>		☐ Change	Addition
NAME			3.2 N	ME			
STREET ADDRESS	8		3.3 ST	REET ADDRESS			
CITY - ST - ZIP			3 4. D	ITY-ST-ZIP			
MLE		DELE	TE 4.1 TH	rle .		Change	Addition
NAME		F-4 P-4-2					
		Second Printers	4. 2 N	AME			
STREET ADORES	5	Look Provide		AME REET ADDRESS			
City St. ZiF	5		4,3 ST 4,4 CI	REET ADDRESS TY+ST-ZIP		Phanes	Addition
CHY-ST ZIF DREF	s	☐ DELE	4.3 ST 4.4 CI TE 5.1 TI	REET ADDRESS TY+ST-ZIP ILE		☐ Change	Addition
CITY+ST ZIF DITEF NAME			4,3 ST 4,4 CI TE 5.1 TI 5.2 NA	REET ADDRESS TY-ST-ZIP TLE	·	Change	Addition
CHY-ST ZIF TITLE NAME STREET ADDRESS			4,3 ST 4,4 CI TE 5.1 TII 5.2 NA 5,3 ST	REET ADDRESS  TY-ST-ZIP  ILE  AME  REET ADDRESS		☐ Change	Addition
City ST ZIE DRE NAME STREET ADDRES CITY ST-ZIE		DELE	4.3 S1 4.4 CI TE 5.1 TI 5.2 NA 5.3 S1 5.4 CI	REET ADDRESS  TY-ST-ZIP  TLE  MME  REET ADDRESS  TY-ST-ZIP			
City ST ZIF TOTALE NAME STREET ADDRES CITY ST ZIF TILLE			4,3 ST 4 4 CI TE 5.1 TI 5.2 NA 5.3 ST 5.4 CI TE 6.1 II	REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP LLE		Change	Addition
CITY ST ZIF THEE NAME STREET ADDRES CITY ST ZIP THEE NAME	s	DELE	4.3 ST 4.4 CI TE 5.1 TI 5.2 NA 5.3 ST 5.4 CI TE 6.1 TI 6.2 NA	REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME			
STREET ATORICS CITY-ST-ZIF TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	s	DELE	4.3 ST 4.4 CI TE 5.1 TI 5.2 NA 5.3 ST 5.4 CI TE 6.1 TI 6.2 NA 6.3 ST	REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP LLE			

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 comparison or the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block is inchanged, or on an attachment with an address.

SIGNATURE: