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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000017155 (1)

## FILED May 09 1997 8:00am Secretary of State

| This proposaled or Qualified   See Date of Least Report   State   St   | PURE I          | PRACTICES, INC.      |                               |              |                      |   |  |   |
|--|-----------------|----------------------|-------------------------------|--------------|----------------------|---|--|---|
| PANAMA CITY FL 32401   PANAMA CITY FL 32401-1538   S. Date Incorporated of Qualified   | Principal Piac  | ce of Business       | Mailing Address               |              |                      | I HORODON HAD SOND THAN BOAN DON'N BO   | u nácht ciðit goðat lé <b>ng) í</b> l  | JU   #AAT                               |
| Section   Sect   |                 |                      |                               |              |                      | :                                       |  |   |
| Subst. Apt # cic.    Subst. Apt # cic.   Subst |                 |                      |                               |              |                      | 1 ' '                                   | i i                                    | leport                                  |
| Select April 4, 16, 16, 16, 16, 16, 16, 16, 16, 16, 16   | 2. Principal f  | Place of Business    | 2a. Mailing Address           |              |                      | 4. FEI Number                           | A                                      |   |
| Copy 6 State   Copy   | 21              |                      |                               |              |                      | -85-0411773-59-31                       |  |   |
| Zero   County   Zero      | Suite, Apl      | ! #, etc.            |                               | F-841100     |                      | 5. Certificate of Status Desired        | , , , , , , , ,                        |   |
| Country   Zip   Country   Zip   Country   Zip   Country   Registered Agent   Statutes   December    | <del> </del>    | ato                  | <u> </u>                      |              |                      |   |  |   |
| 28   29   30   Florida Statutes   DY'res   No   No   Nome and Address of Current Registered Agent   10, Name and Address of New Registered Agent   1310 ARTHUR AVE.   PANAMA CITY FL 32401   82   Sircel Address (P.O. Box Number is Not Acceptable)   83   Sircel Address (P.O. Box Number is Not Acceptable)   83   Sircel Address (P.O. Box Number is Not Acceptable)   84   City   FL   85   Zip Code   84   City   FL   85   Zip Code     |                 | Country              |                               | Cou          | ntry                 |   |  |   |
| LEATHERS, MICHAEL R 1310 ARTHUR AVE. PANAMA CITY FL 32401  11. Pursuout to due provisions of Socions (607-0502) and 607-1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was submized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent or both, in the State of Florida. Such change was submized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent are or submit as registered agent are provided by the corporation's board of directors. I hereby accept the appointment as registered submit remaining.  SIGNATUR!  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTERPRETATIONS STREET ADDRESS CITY-51-7P  INTERPRETATIONS STREET ADDRESS STREE | 24              |                      |                               | 30           |                      | Florida Statutes                        | Yes No                                 |   |
| LEATHERS, MICHAEL R  1310 ARTHUR AVE. PANAMA CITY FL 32401  11. Pursuant to the provisions of Sociaions 607.0502 and 607.1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of both, in the State of Floridal Such change was submized by the corporation submits this statement for the purpose of changing its registered agent of both, in the State of Floridal Such change was submized by the corporation's board of directors. I hereby accept the appointment as registered agent a first marker with, and accept the objection 97.0505, Floridal Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  LEATHERS, MICHAEL R  1310 ARTHUR AVE.  1310 ARTHUR AVE.  1310 ARTHUR AVE.  1310 ARTHUR AVE.  22. SIRRET ADDRESS  24. CITY-S1-27P  INTE  14. CITY S1-27P  INTE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  22. SIRRET ADDRESS  24. CITY-S1-27P  INTE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  25. SIRRET ADDRESS  26. CITY-S1-27P  INTE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  25. SIRRET ADDRESS  26. CITY-S1-27P  INTE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  25. SIRRET ADDRESS  26. CITY-S1-27P  INTE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  25. SIRRET ADDRESS  26. CITY-S1-27P  INTE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  25. SIRRET ADDRESS  26. CITY-S1-27P  INTE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  25. SIRRET ADDRESS  26. CITY-S1-27P  INTE  16. Change Addition  17. Change Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  26. SIRRET ADDRESS  26. CITY-S1-27P  INTE  16. Change Addition  17. Change Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  26. SIRRET ADDRESS  26. CITY-S1-27P  INTE  27. SIRRET ADDRESS  28. CITY-S1-27P  INTE  28. ADDITIONS/CHANGES TO OFFICERS A |                 |                      | nt Registered Agent           |              | ***                  | 10. Name and Address of New Re          | gistered Agent                         |   |
| STOCK   PANAMA CITY FL 32401   |                 |                      |                               |              | Name                 |   |  |   |
| B3   24  |                 |                      |                               |              | 82 Street Add        | iress (P.O. Box Number is Not Acceptat  | ole)                                   |   |
| ### City ### | PA              | NAMA CITY FL 32401   |                               |              |                      |   |  |   |
| TI. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered algorit or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered algority and accept the obligations of, Section 607.0506, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITCH  DPST  LEATHERS, MICHAEL R  13 SIRRET ADDRESS  COT 93.7P  DRIE  LAMA  SIRRET ADDRESS  13 O ARTHUR AVE.  PANAMA CITY FL 32401  DELETE  1 TITLE  DELETE  2 SIRRET ADDRESS  COT 93.7P  DRIE  DELETE  3 SIRRET ADDRESS  COT 93.7P  DELETE  3 SIRRET ADDRESS  COT 93.7P  DELETE  3 SIRRET ADDRESS  COT 93.7P  DELETE  4 TITLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDRESS  COT 93.7P  DITT  DELETE  3 SIRRET ADDRESS  COT 93.7P  DELETE  5 SIRRET ADDRESS  SAUTY 51-7P  DELETE  5 SIRRET ADDRESS  COT 93.7P  DELETE  5 SIRRET ADDRESS  SAUTY 51-7P  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Change  Addition   |                 |                      |                               |              | 63                   |   |  | ĺ                                       |
| SIGNATURE  |                 |                      |                               |              | 84 City              |   | 85 Zip                                 | Code                                    |
| SIGNATURE  |                 | 16-1-607.00          | Off and CO2 1500 Firster Chat | toe the st   |                      | and in a short this statement for the   | FL                                     | ita rapiatarad                          |
| 12   | Į.              |                      |                               |              |                      |   |  | ; registered                            |
| DPST   | 13              |                      |                               |              | Agent aignature requ |   |  | RS IN 12                                |
| NAME   LEATHERS, MICHAEL R   13 INAME   13 SIREET ADDRESS   1310 ARTHUR AVE.   13 SIREET ADDRESS   14 CITY-51-2IP  |                 | -T                   |                               |              | LE I                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  | RS IN 12 Addition                       |
| STREET ADDRESS   CUTY ST 27P   | }               | 1 '                  | _                             | 12 N         | AME I                |   | -                                      |   |
| City   SI   7IP  | '               | 1310 ARTHUR AVE.     |                               |              |                      |   |  |   |
| DELETE   DELETE   2.1 TITLE   Change   Addition  | ì               |                      |                               | 1            | i i                  |   |  |   |
| SHREEL ADDRESS   23 STREET ADDRESS   24 CITY - ST - ZIP  |                 | Travaia Office Octor | DELETE                        |              |                      |   | Change                                 | Addition                                |
| DELETE   D   | NAMe            |                      |                               | 2.2 N/       | ME                   |   |  | I                                       |
| DELETE   DELETE   31 TITLE     Change   Addition   | STREET ADDRESS  |                      |                               | 2.3 \$1      | REET ADDRESS         |   |  |   |
| DELETE   DELETE   STITILE   STITILE   Addition   Addition  | CHTY - ST - ZIP |                      |                               | 2 4 0        | TY-ST-ZIP            |   |  |   |
| STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-S1-ZIP  |                 | DELETE 3             |                               | 3 1 Tr       | ILE                  |   | Спапде                                 | Addition                                |
| CITY-S1-7P   | NAME            |                      |                               | 3.2 ₩        | AME                  |   |  |   |
| DELETE   | STREET ADDRESS  | 5                    |                               | 3.3 \$1      | REET ADDRESS         |   |  |   |
| NAME   | CITY~51-7iP     |                      |                               |              |                      |   |  |   |
| STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY - ST - ZIP  | BILLE           |                      | L DELETE                      |              |                      |   | Change                                 | Addition                                |
| City - S1 - ZiF  | NAME            |                      |                               | 1            | 1                    |   |  |   |
| DELETE   S.1 TITLE   | STREET ADORESS  | 5                    |                               | 4.3 S        | REET ADDRESS         |   |  |   |
| NAME   | City-St 20F     |                      |                               |              |                      |   | —————————————————————————————————————— | 1 |
| STREET ADDRESS   | 1071.6          |                      | L_I DELETE                    | 1            | ì                    |   | L Change                               | ☐ Addition                              |
| CHY+S1-ZIP   | NAME            |                      |                               |              |                      | •                                       |  |   |
| TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP   | STREET ADDRESS  | 5 <b>]</b>           |                               | 5.3 S        | reet address         |   |  |   |
| NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY: S1: ZIP         6.4 CITY: S1: ZIP  |                 |                      |                               | 5.4 C        | TY-ST-ZIP            |   |  |   |
| STREET ADDRESS CITY ST- ZIP 64 CITY-ST- ZIP  | TITLE           |                      |                               |              |                      |   |  | 4 1 1 1 1 1                             |
| City S1-ZiP 64 City-S1-ZiP   |                 |                      | DELETE                        |              |                      |   |  | Addition                                |
|  |                 |                      | DELETE                        | 62 N         | AME                  |   | <b>∐</b> Change                        | Addition                                |
| 14. I do boroby carrily 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   |                 | s                    | ☐ DELETE                      | 62 N<br>63 S | AME<br>TREET ADDRESS |   | ☐ Change                               | Addition                                |

i. 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 receive or trustee empowered 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 or in chapter of the corporation or the receiver of the receiver of

SIGNATURE:

MATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 984 234-3343