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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCOMOCOLIL (7)

Principal Place of Businoss Mailing Address 6000 CENTERVILLE RD TALLAHASSEE FL \$2309 TALLAHASSEE FL \$2309												
(HUDANALOUNE	16 06000			•	THE THE STATE OF T				3. Date Incorporated or Qualified	Qa Das	e of Last F	Popod
									04/26/1993	1	30/1996	report
2. Principal Place of Business					Mailing Address				4. FEI Number	<u></u>		pplied For
21				26	26				59-3152823		N	ot Applicable
Suite, Apt.	#, etc.]	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22					[27]							equired
City & State					City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country			[28]	7ip Country				8. This corporation has liability for	intangible t		· · · · · · · · · · · · · · · · · · ·	
24		25		29	, '	30	•			Yes [5. 100.0021
	9. Name		Address of Curren	t Regis	stered Agent				10. Name and Address of New Re	gistered A	gent	
FRY	ZEL, EDW.	ARD	8				81	Name				
. 900	O CENTER	VILLI	E RD		•		82	Street Add	fress (P.O. Box Number is Not Acceptate	ole)		
TALLAHASSEE FL 32308												
							83					
	•						84	City		FL	85 Zip	Code
11. Pursuant	to the provis	ions	of Sections 607.050	2 and €	607.1508, Florida Statut	es, th	e above	-named cor	poration submits this statement for the p	ourpose of	changing i	ts registered
office or re	egistered ag m familiar w	jeni, i ith, ai	or both, in the State ad accept the obliga	et Hon Aliens ç	ida. Such change was a of, Section 607.0505, Flo	iumoi orida	nzed by Statutes	i the corpora L	poration submits this statement for the partion's board of directors. I heroby accept	ж ию аррс	ипинен (аз	registered
SIGNATURE												
12.	Signature, lypico	or por	lled name of registered age OFFICERS ANI				Mared Age	nt signature requ	uired when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND	DIBECTO	RS IN 12
TITLE	D		OFFICE NS ANI	J DINE	DELETE		1 100	·	ADDITIONO/OTANGEO TO OTT	211071140	Change	Addition
NAME	FRYZEL,	ED\	WARD S		-	- 1	L2 NAME	Ì				
STREET ADDRESS 9000 CENTERVILLE RD				1.3 STREET ADDRES			ADDRESS					
CITY-ST-ZIP	#111 1111 MAND #1 BALAS				1.4 (T- Z IP				
TITLE	D				DELETE	3	A THILE				Change	Addition
NAME (PETRIEL	TO'	JOHN K			1 2	2 NAME	Į.				
STREET ADDRESS	3708 RA					- 1	2.3 STREET	,		# P.		
CITY-ST-ZIP	TALLAH	ASSI	E FL 32308		DELETE		2.4 CHY-3	61 - ZIP			Change	Addition
TITLE NAME					F" DELETE		B 1 TITLE B.2 NAME				L. Sharige	T Vogurali
STREET ADDRESS							3.3 STREET	ADDRESS				
CITY-ST-ZIP							3.4. CITY - S					
TITLE					DELETE		ET THE				Change	Addition
NAME						} 4	2 NAME	Ì				
STREET ADDRESS						}	1.3 STREET	ADDRESS				
CITY-ST-ZIP							1.4 CHY-S	1-7IP				4 3 3 3 3 4 1
TITLE					DETETE	1	5.1 TITLE				Change	Addition
NAME						ì	5.2 NAME	ADDRESS				
STREET ADDRESS							3 STREET	'n				
CRTY-ST-ZIP					DELETE		5.4 CITY - S 5.1 TO LE	1.70			Change	Addition
NAME					Beauty Para - 10		5.2 NAME	}				
STREET ADDRESS							6.3 STREET	ADDRESS				
CITY-ST-ZIP			` •				64 CHY-S					

44 CIII-31-21/

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 eath; that I am an officer or director of the followallon or rice acceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed, or or as dischment with an address.

SIGNATURE

FILED

Apr 24 1997 8:00am

Secretary of State