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	PROFIT RPORATION UAL REPORT 1997	Sandra I Secreta	RTMENT OF STATE B. Mortham Iry of State CORPORATIONS		
DOCU 1. Corporation UP NEX	0111141110	0038672 (0)			### BELFE ###################################
Principal Place of Business Mailing Address 153 PHILLIPPI SHORES DR SARASOTA FL 34231 SARASOTA FL 34231-9152 US US					
				3. Date Incorporated or Qualified 05/25/1993	3a. Date of Last Report 05/01/1996
2. Principal F	Place of Businoss INNERSITY PARKWAY C	2a. Mailing Address / 26		4, FEI Number 65-0471844	Applied For Not Applical
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 SAC City & Sta	ASOTA , FL	City & State			Fee Required
	Ľ43	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 43 25 USA	Zip	Country	8. This corporation has liability fo	
24 342	9. Name and Address of Currer	29 N Registered Agent	[30]	Florida Statutes 10. Name and Address of New F	Yes No Registered Agent
11, Pursuant office or agent. I s	I to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	22 and 607.1508, Florida Statut of Florida. Such change was ations of, Section 607.0505, Fl	les, the above-named co- authorized by the corpora orida Statutes	rporation submits this statement for the ation's board of directors. I horeby acc	FL 85 Zip Code purpose of changing its registere ept the appointment as registere
	Signature, typed or printed name of registered ago		E: Rog stered Agent signature requ		DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addit
NAME STREET ADDRESS	WILSON, JOHN 153 PHILLIPPI SHORES DR		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SARASOTE FL D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		
NAME	WILSON, A M		2.2 NAME		armer 27 games 110 a
	153 PHILLIPPI SHORES DR		2.3 STREET ADDRESS		.
STREET ADDRESS			1		
CITY-ST-ZIP	SARASOTA FL	T DELETE	2. 4 CHTY-ST-ZIP		34231
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		
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STREET ADDRESS

64 CITY-ST-2IP

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 oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Blook 12 or Block 13 if chapged, or on an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS