## 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 # P9300052880 (0)

## **FILED** May 14 1997 8:00am Secretary of State

Principal Pac	A, INCORE	<u> </u>	1102-1	g Address SOUTH ADAMS							
TALLAHASSEE FL 32301 TALLAHASSEE FL 32					VI -4040			3. Date Incorporated or Qualif		Date of Last I	•
2. Principal F	Place of Busin	nes:	2a. Ma	illing Address				07/28/1993 4. FEI Number		5/01/1996	pplied For
21	Read of polar	1,100	26	ining riodicas				38-2972776		J	ot Applicable
Suite, Apt	#, etc			ite, Apt. #, etc.				5. Certificate of Status Desired	d 🔘	7	Additional
22 City & Sta	de		27	y & State							equired
23	III)		28	y bi State				Election Campaign Financia     Trust Fund Contribution	ng []		May Be to Fees
<b>Ζ</b> φ		Country	Zip	)	Co	untry		8. This corporation has liability		le tax under	
24		25	29		30			Florida Statutes	Yes		
		and Address of Curre	nt Registere	d Agent		61	NI	10. Name and Address of Ne	w Registere	d Agent	
	FFERSON, T						Name				
	UZ-1 SOUTH LLAHASSEE	ADAMS STREET				82	Street Ac	ddress (P.O. Box Number is Not Acce	eptable)		
IA	LLANASSEE	FL 32301				83					
							5:			[an] 7:	0.4
						84	City		F	L     '	Code
11. Pursuant office or	t to the provisi registered ag	ons of Sections 607.050 ent, or both, in the State	02 and 607.1 e of Florida. S	1508, Florida Sta Such change wa	tules, the a	above ed by	named co	orporation submits this statement for ration's board of directors. I hereby a		of changing ppointment a	its registered s registered
SIGNATURE	t to the provisi reg stered ag am familiar wil	re pragle marrier of registers of ag	ger and tille if app	712CA	(SHA) NOTE Register	ed Ager		orporation submits this statement for ration's board of directors. I hereby a quired when reinstating)	the purpose accept the ap UATE	49	
SIGNATURE	digneric Speci	3 9 m	ger and tille if app	7166 PICADIE: (F	NOTE Register 13.	ed Ager			the purpose accept the ap UATE	V 47 ND DIRECTO	RS IN 12
SIGNATURE 12. THE	C C	OFFICERS AN	ger and tille if app	712CA	(841) 6 NOTE Register 13.	ed Ager		quired when reinstating)	the purpose accept the ap UATE	49	
SIGNATURE  12. THE  NAME	C JEFFERS	OFFICERS AN	of and tille if app NO DIRECTOR	7166 PICADIE: (F	SWN 6   NOTE Register   13.   1.11   1.21	ed Ager TITLE NAME	nt signalure rec	quired when reinstating)	the purpose accept the ap UATE	V 47 ND DIRECTO	RS IN 12
SIGNATURE 12. THE NAM: STREEL ADDRESS	C JEFFERS 2124 PM	OFFICERS AN	of and tille if app NO DIRECTOR	7166 PICADIE: (F	( SHA C NOTE Register 13. 1.11 1.21 1.35	ed Ager TITLE NAME	ADDRESS	quired when reinstating)	the purpose accept the ap UATE	V 47 ND DIRECTO	RS IN 12
SIGNATURE  12. THE  BAN:	C JEFFERS 2124 PIN TALLAHA	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308	of and tille if app NO DIRECTOR	7166 PICADIE: (F	( SH ) C NOTE Register 13. 1.17 1.27 1.35	ed Ager TITLE NAME	ADDRESS	quired when reinstating)	the purpose accept the ap UATE	V 47 ND DIRECTO	RS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS CRY ST-ZIF	C JEFFERS 2124 PM TALLAM T JEFFERS	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G	NO DIRECTOR	TRCA PRS DELETE	NOTE Register 13. 1.17 1.21 1.35 1.40 2.11	ed Ager TITLE NAME STREET	ADDRESS	quired when reinstating)	the purpose accept the ap UATE	ND DIRECTO	RS IN 12
SIGNATURE 12. THE NAM: STREET ADDRESS CRY ST-ZE: THE	C JEFFERS 2124 PM TALLAH T JEFFERS 2124 PM	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G IK FLAMINGO LANE	NO DIRECTOR	TRCA PRS DELETE	NOTE Register 13. 1.17 1.27 1.38 1.41 2.17 2.27 2.38	ed Ager  TITLE  NAME  STREET A  CITY-ST  TITLE  NAME  STREET A	ADDRESS 1-ZIP ADDRESS	quired when reinstating)	the purpose accept the ap UATE	ND DIRECTO	RS IN 12
SIGNATURE  12. THE NAM: STRET ADDRESS DITY ST-ZP THE NAMI STREET ADDRESS CITY-ST-ZP	C JEFFERS 2124 PM TALLAH T JEFFERS 2124 PM TALLAH	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G	NO DIRECTOR	TREA  RS  DELETE	NOTE Register  13. 1.17 12. 1.38 1.44 2.17 2.21 2.38 2.4	ed Ager  IITLE  NAME  STREET I  TITLE  NAME  STREET STREET I  CITY-ST	ADDRESS 1-ZIP ADDRESS	quired when reinstating)	the purpose accept the ap UATE	DIRECTO Change	RS IN 12 Addition Addition
SIGNATURE 12. THE NAM: STREELADDRESS CRY ST-ZP THE NAM! STREELADDRESS CITY-ST-ZP THE	C JEFFERS 2124 PM TALLAH T JEFFERS 2124 PM TALLAH P	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G IK FLAMINGO LANE ASSEE FL 32301	NO DIRECTOR	TRCA PRS DELETE	NOTE Register  13. 1.11 12/ 13.5 14/ 2.11 2.27 2.35 2.4 3.11	ed Ager  IITLE  NAME  STREET A  CITY-ST  TITLE  NAME  STREET A  CITY-S	ADDRESS 1-ZIP ADDRESS	quired when reinstating)	the purpose accept the ap UATE	ND DIRECTO	RS IN 12
SIGNATURE  12. THE  NAM: STREELADDRESS OFFY ST. ZE! THE  NAM! STREELADDRESS OHY-ST-ZEE THE  NAM!	C JEFFERS 2124 PM TALLAH T JEFFERS 2124 PM TALLAH T JEFFERS 2124 PM TALLAH P JEFFERS	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G IK FLAMINGO LANE ASSEE FL 32301 SON, TRACY N	Je Para ville if app NO DIRECTO	TREA  RS  DELETE	NOTE Register 13. 1.17 1.27 1.35 1.40 2.17 2.27 2.35 2.4 3.11 3.21	ed Ager  TITLE  NAME  STREET A  TITLE  NAME  STREET A  CITY - ST  TITLE  NAME  TITLE  NAME	ADDRESS 1- ZIP ADDRESS 1- ZIP	quired when reinstating)	the purpose accept the ap UATE	DIRECTO Change	RS IN 12 Addition Addition
SIGNATURE  12. THE  MAM: STREET ADDRESS CITY ST-ZIF THE  NAM! STREET ADDRESS CITY-ST-ZIF THE	C JEFFERS 2124 PM TALLAH T JEFFERS 2124 PM TALLAH P JEFFERS 2124 PM JEFFERS 2124 PM	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G IK FLAMINGO LANE ASSEE FL 32301	Je Para ville if app NO DIRECTO	TREA  RS  DELETE	SWD	ed Ager  TITLE  NAME  STREET A  TITLE  NAME  STREET A  CITY - ST  TITLE  NAME  TITLE  NAME	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	quired when reinstating)	the purpose accept the ap UATE	DIRECTO Change	RS IN 12 Addition Addition
SIGNATURE  12. THE  NAME  STREELADDRESS  DRY ST-ZP  THE  NAME  STREELADDRESS  CITY-ST-ZP  THE  NAME  STREELADDRESS  STREELADDRESS  STREELADDRESS	C JEFFERS 2124 PM TALLAH T JEFFERS 2124 PM TALLAH P JEFFERS 2124 PM JEFFERS 2124 PM	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G IK FLAMINGO LANE ASSEE FL 32301 SON, TRACY N IK FLAMINGO LANE	Je Para ville if app NO DIRECTO	TREA  RS  DELETE	NOTE Registered 13. 1.11 1.21 1.35 1.40 2.11 2.21 2.35 2.4 3.11 3.21 3.35 3.4.	ed Ager  TITLE  NAME  STREET A  CITY - ST  TITLE  NAME  STREET A  CITY - S  TITLE  NAME  STREET A  STREET A	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	quired when reinstating)	the purpose accept the ap UATE	DIRECTO Change	RS IN 12 Addition Addition
SIGNATURE  12. THE NAME STREELADDRESS CRY ST-ZIP THE NAME STREELADDRESS CRY-ST-ZIP THE NAME STREEF ADDRESS C TY-ST-ZIP THE NAME NAME NAME NAME	C JEFFERS 2124 PIN TALLAH T JEFFERS 2124 PIN TALLAH P JEFFERS 2124 PIN TALLAH TALLAH	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G IK FLAMINGO LANE ASSEE FL 32301 SON, TRACY N IK FLAMINGO LANE	Je Paraville if app NO DIRECTOR	PICADIE TREATE  PELETE  DELETE	SWN   Control   Control	ed Ager  TITLE  NAME  STREET I  CITY-ST  CITY-ST  TITLE  NAME  STREET I  CITY-S  CITY-S  CITY-S  CITY-S  CITY-S	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	quired when reinstating)	the purpose accept the ap UATE	ND DIRECTO Change Change	RS IN 12  Addition  Addition
SIGNATURE  12. THE  NAM: STRET ADDRESS CITY ST-ZIP THE  NAM! STRET ADDRESS CITY-ST-ZIP THE  NAM! STRET ADDRESS CITY-ST-ZIP THE  NAM! STRET ADDRESS CITY-ST-ZIP THE  NAME STRET ADDRESS	C JEFFERS 2124 PIN TALLAH T JEFFERS 2124 PIN TALLAH P JEFFERS 2124 PIN TALLAH TALLAH	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G IK FLAMINGO LANE ASSEE FL 32301 SON, TRACY N IK FLAMINGO LANE	Je Paraville if app NO DIRECTOR	PICADIE TREATE  PELETE  DELETE	SWN   Control   Control	TITLE  NAME STREET I  CITY-ST  TITLE  NAME STREET I  CITY-S  TITLE  NAME  CITY-S  TITLE  NAME  STREET I  CITY-S  TITLE  NAME  STREET I  NAME  STREET I  NAME  STREET I  NAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	quired when reinstating)	the purpose accept the ap UATE	ND DIRECTO Change Change	RS IN 12  Addition  Addition
SIGNATURE  12. THE  NAM: STRET ADDRESS CITY ST-ZIP THE  NAMI STREET ADDRESS CITY-ST-ZIP THE  NAMI STREET ADDRESS CITY-ST-ZIP THE  NAME STREET ADDRESS CITY-ST-ZIP THE  NAME STREET ADDRESS CITY-ST-ZIP THE  NAME STREET ADDRESS GDV-ST-ZIP	C JEFFERS 2124 PIN TALLAH T JEFFERS 2124 PIN TALLAH P JEFFERS 2124 PIN TALLAH TALLAH	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G IK FLAMINGO LANE ASSEE FL 32301 SON, TRACY N IK FLAMINGO LANE	Je Paraville if app NO DIRECTOR	PICADICADICADICADICADICADICADICADICADICAD	SHO	HE AGENT AGE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	quired when reinstating)	the purpose accept the ap UATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12. THE NAM: STREELADDRESS CITY ST-ZP THE NAME STREELADDRESS CITY-ST-ZP THE	C JEFFERS 2124 PIN TALLAH T JEFFERS 2124 PIN TALLAH P JEFFERS 2124 PIN TALLAH TALLAH	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G IK FLAMINGO LANE ASSEE FL 32301 SON, TRACY N IK FLAMINGO LANE	Je Paraville if app NO DIRECTOR	PICADIE TREATE  PELETE  DELETE	SHO	ITTLE NAME STREET I.  COTY-ST TITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS	quired when reinstating)	the purpose accept the ap UATE	ND DIRECTO Change Change	RS IN 12  Addition  Addition
SIGNATURE  12. THE NAM: STREELADDRESS CITY ST-ZP THE NAME STREELADDRESS CITY-ST-ZP THE NAME	C JEFFERS 2124 PIN TALLAH T JEFFERS 2124 PIN TALLAH P JEFFERS 2124 PIN TALLAH TALLAH	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G IK FLAMINGO LANE ASSEE FL 32301 SON, TRACY N IK FLAMINGO LANE	Je Paraville if app NO DIRECTOR	PICADICADICADICADICADICADICADICADICADICAD	SHO   Control   Control	ITTLE  NAME  STREET  ITTLE  NAME  STREET  ITTLE  NAME  STREET  ITTLE  NAME  CITY-S  TITLE  NAME  CITY-S  TITLE  NAME  TITLE  NAME  TITLE  NAME  NAME  NAME  NAME	ADDRESS 1- ZIP	quired when reinstating)	the purpose accept the ap UATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12.  THE  NAM:  STREELADDRESS CITY ST-ZIP  THE  NAME STREELADDRESS	C JEFFERS 2124 PIN TALLAH T JEFFERS 2124 PIN TALLAH P JEFFERS 2124 PIN TALLAH TALLAH	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G IK FLAMINGO LANE ASSEE FL 32301 SON, TRACY N IK FLAMINGO LANE	Je Paraville if app NO DIRECTOR	PICADICADICADICADICADICADICADICADICADICAD	SHO   Control   Control	ITTLE  NAME  STREET  ITTLE  NAME  STREET  ITTLE  NAME  STREET  ITTLE  NAME  CITY-S  TITLE  NAME  CITY-S  TITLE  NAME  TITLE  NAME  TITLE  NAME  NAME  NAME  NAME	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP	quired when reinstating)	the purpose accept the ap UATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12. THE NAM: STREELADDRESS CITY ST-ZP THE NAME STREELADDRESS CITY-ST-ZP THE NAME	C JEFFERS 2124 PIN TALLAH T JEFFERS 2124 PIN TALLAH P JEFFERS 2124 PIN TALLAH TALLAH	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G IK FLAMINGO LANE ASSEE FL 32301 SON, TRACY N IK FLAMINGO LANE	Je Paraville if app NO DIRECTOR	PICADICADICADICADICADICADICADICADICADICAD	SHO   Control   Control	ITTLE  NAME  STREET  COTY-ST  TITLE  NAME  STREET  COTY-ST  TITLE  NAME  STREET  COTY-S  TITLE  NAME  STREET  TITLE  NAME  STREET  NAME  STREET  NAME  STREET  NAME  STREET  S	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP	quired when reinstating)	the purpose accept the ap UATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12. THE NAM: STREELADDRESS CITY ST-ZP THE NAME STREELADDRESS CITY-ST-ZP	C JEFFERS 2124 PIN TALLAH T JEFFERS 2124 PIN TALLAH P JEFFERS 2124 PIN TALLAH TALLAH	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G IK FLAMINGO LANE ASSEE FL 32301 SON, TRACY N IK FLAMINGO LANE	Je Paraville if app NO DIRECTOR	PICADICADICADICADICADICADICADICADICADICAD	SHO	ITTLE  NAME  STREET  ITTLE  NAME  STREET  ITTLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  TITLE  NAME  STREET  CITY-S  CITY-S  CITY-S  CITY-S  CITY-S  CITY-S  CITY-S  CITY-S  CITY-S	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP	quired when reinstating)	the purpose accept the ap UATE	DD DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE  12. THE NAM: STRET ADDRESS CITY ST-ZIP THE NAME STRET ADDRESS CITY ST-ZIP THE	C JEFFERS 2124 PIN TALLAH  T JEFFERS 2124 PIN TALLAH  P JEFFERS 2124 PIN TALLAH  TALLAH	OFFICERS AN SON, HELEN E IK FLAMINGO LANE ASSEE FL 32308 SON, THOMAS G IK FLAMINGO LANE ASSEE FL 32301 SON, TRACY N IK FLAMINGO LANE	Je Paraville if app NO DIRECTOR	PICADICADICADICADICADICADICADICADICADICAD	NOTE Register  13. 1.17 1.27 1.35 1.40 2.17 2.24 2.35 2.4 3.17 3.21 3.35 3.4 4.17 4.22 4.35 5.41 6.11 6.21	ITTLE NAME STREET, CITY-ST TITLE NAME STREET, CITY-ST TITLE NAME STREET, CITY-S TITLE NAME STREET, CITY-S TITLE NAME STREET, CITY-S TITLE NAME STREET, CITY-S TITLE NAME STREET, CITY-SI TITLE NAME	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP	quired when reinstating)	the purpose accept the ap UATE	DD DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition

Too increasy decising that the information supplied with this immigliaces not quality for the exemption stated in Section 119.07(3)(). Profice Statutes, Turner 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 corporation or the receiver 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 on an attachment with an address.