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 # P93000053981 (5)

ST. LUCIG

9. Name and Address of Current Registered Agent

THOMAS R. GARLAND, P.A.

Principal Place of Business

Mailing Address

2a. Mailing Address

34952

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1595 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952

2. Principal Place of Business

GARLAND, THOMAS R

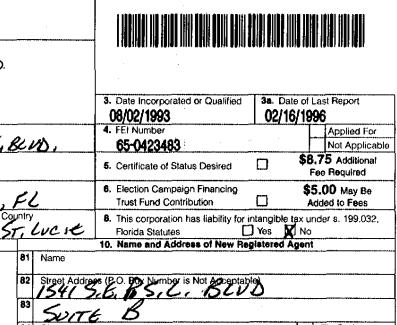
11. Pursuant to the provisions of Sect

PORT ST. LUCIE FL 34952

1595 SE PORT ST. LUCIE BLVD.

1595 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952

FILED Feb 14 1997 8:00am Secretary of State



5)2 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered be of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ligations of, Section 607,0505, Florida Statutes. office or registered agent, agent I am familiar with BARLAND SIGNATURE Registered Agent signature required when reinstating) Signature, I OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. DPS DELETE Change Addition TITLE 1.5 TITLE GARLAND, THOMAS R 1.2 NAME NAME CR2E034 1595 SE PORT ST. LUCIE BLVD. 1.3 STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL 1.4 CITY-ST-ZIP CITY - ST - 7/F DELETE 2.1 TITLE Change ___ Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 41 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-SI-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE 6.1 TITLE ___ Addition TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 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

Name

LUCIE

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information indicated on this armual 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 of 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 Bloc

SIGNATURE: