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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9300078802 (4)

Principal Place of Business	Mailing Address		
2827 S. RIDGEWOOD AVE. SOUTH DAYTONA FL	POST OFFICE BOX 4749 SOUTH DAKOTA FL 32121 US		
		3. Date Incorporated or 0 11/08/1993	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	

FILED Feb 03 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 2827 S. RIDGEWOOD AVE. SOUTH DAYTONA FL SOUTH DAYTONA FL SOUTH DAKOTA FL 32121 US					
				3. Date Incorporated or Qualified 11/08/1993	3a. Date of Last Report 01/25/1996
, :	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# olo	Suite, Apt. #, etc.		59-3217047	Not Applicable
30116, Apr.	#, etc.	27 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	re	City & State		6. Election Campaign Financing	\$5.00 May Be
]		28 South Dayte		Trust Fund Contribution	Added to Fees
ືZip ⊐ 32 1	Country	Zip	Country	8. This corporation has liability for	
32	9. Name and Address of Current	29 Registered Agent	[30]	Florida Statutes 10. Name and Address of New R	Yes No
שאר	CH, LAWRENCE W	t Hogisteres Agont	81 Name	ID. Hallo allo Place and Allow	agreeto as regoni
	7 S. RIDGEWOOD AVE.		82 Street	Address (P.O. Box Number is Not Accepta	able)
SOL	JTH DAYTONA FL		L		
			83		
			84 City		65 Zip Code
SIGNATURE 12.	Signature, typed or partied name of registered agor OFFICERS AND		OTE: Registered Agent signature 13.	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12 XX Change XX Addition
IAME	HOCH, LAWRENCE W		1.2 NAME	P, VP, D	
STREET ADDRESS	585 MOONPENNY CR.		1.3 STREET ADDRESS	788 Pheasant Run Cour	t
ITY-ST-ZIP	PORT ORANGE FL 32127		1.4 CITY-ST-ZIP		
TITLE	Ť	☐ DELETE	2.1 TITL€	S, T	Change 43 Addition
IAME	HOCK, VIRGINIA M.		2.2 NAME		
STREET ADDRESS	585 MOONPENNEY CIRCLE PORT ORANGE FL		2.3 STREET ADDRESS	788 Pheasant Run Cour	t
ITY-ST-ZIP ITLE	PURI URANGE FL	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
AME			32 NAME		
THEET ADDRESS			3 3 STREET ADDRESS		
ITY-ST-ZiP			3.4. CITY - ST - ZIP		
ITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
IAME			4. 2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
HY+ST-ZIP HTLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
ME AME		en section	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
IAME			62 NAME		
TREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	1		6.4 CITY - ST - ZIP	1	

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 Block 12 or Block 13 if obtinged, or on an attachment with an address.

SIGNATURE:

1/28/97

760-2110