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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000079779 (3)

FILED Apr 28 1997 8:00am Secretary of State

Principal Place	ce of Business	Mailing Address 1745 GLENWOOD RD. DELAND FL 32720-2144			
DELAND FL 3	K (A)	DECOMO EL GERECETT			
				3. Date Incorporated or Qualified	
A 15-7-7-1	Est.		··	11/15/1993	06/11/1996
····)	Place of Business	2a, Mailing Address		4, FEI Number	Applied For
21 Suite, Apt	# alc	Suite, Apt. #, etc.		59-3214941	Not Applicable S8.75 Additional
22	. #, 610	27		5. Certificate of Status Desired	Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New F	legistered Agent
HU	irston, ed		81 Name		
1745 GLENWOOD RD.			82 Street Ad	dress (P.O. Box Number is Not Accept	able)
DELAND FL 32720					
			83		
			84 City		85 Zip Code
				rporation submits this statement for the ation's board of directors. I hereby acc	FL
SIGNATURE	Signature, typed or printed name of registered a OFFICERS AI	gent and title if applicable (NOTE ND DIRECTORS	Registered Agent signature req		DATE FICERS AND DIRECTORS IN 12
T ILE	PTD	DELETE	1.1 TITLE	***************************************	Change Addition
NAME	HURSTON, ED	•	1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CHY-ST-20P	DELAND FL		1.4 CITY-ST-ZIP	-	•
TITLE	SVD	DELETE	2.1 TITLE		Change Addition
NAME	HURSTON, JOAN		2.2 NAME		
STREET ADDRESS	1745 GLENWOOD RD		2.3 STREET ADDRESS		•
Cilly - ST - ZIP	DELAND FL		2. 4 CITY - ST - ZIP		
THILE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
C(*Y - \$1 - 7)?			34. CITY-ST-ZIP		
THE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City - St - ZiP			4.4 CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
14TLF		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C(11Y - 51 - Z)F		T percer	5.4 CITY - ST - ZIP		Cheese
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STHEET ADDRESS			6.3 STREET ADDRESS		
CHY-ST-7IP	aby carly that the information suppli		6.4 CITY-ST-ZIP		

information indicated on this annual report or supplied with tries using does not quality 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 of rector 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 Chapter 607, or on an attachment with an address.

SIGNATURE: