## 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

	MENT # <b>P9300</b> ( ENTERPRISES, INC.	0083791 (2)		) (171/15/1 HA 1910) HUN TANI BANI BA	
Principal Plac	e of Business	Mailing Address	i		IIV \$0144 IB164 IIIIV (4014 <mark> </mark> 1414) 1164
8516 HARBOUR BLVD PANAMA CITY FL 32407 JS		6516 HARBOUR BLVD. PANAMA CITY FL 32407-55 US	58		
00		•		3. Date Incorporated or Qualified	3s. Date of Last Report
1 Dringing D	Noce of Physioppe	2a. Mailing Address		12/01/1993 4. FEI Number	08/07/1996
. Principal Place of Business		26		59-3211586	Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.			EQ 75 Additional
2	.,	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
7 <sub></sub>	Country	Zip	Country	8. This corporation has liability for	
4	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent
REI	DY, WILLIAM G		Vice us. & Rest		
6639 HARBOUR BLVD.			B2 Street A	Address (P.O. Box Number is Not Accepta	ble)
PAN	NAMA CITY BEACH FL 32407			Address (P.O. Box Number is Not Accepta	RT
			83	PANAMA CITY	
		•	84 City	1 MARKET VIII	85 Zip Code
					トレートランイルフ
SIGNATURE	Signature, typed or pointed name of registered ap	pent and title if applicable. (NOTE	Registered Agent signature		DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
ille	D DOWN SHARE	DELETE	1.1 TITLE	Reiby, WILLIAM A. 103 MICHCHLE GOD	Change Addi
AME	REIDY, WILLIAM G.		1.2 NAME	103 michalle con	A.
IRLET ADDRESS	6516 HARBOUR BLVD		1.3 STREET ADDRESS	MAURINALITY E	6 32487
ITY-ST-7IP ITLE	PANAMA CITY BEACH FL.	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		
	REIDY, JOAN C	C pereic	2.2 NAME	KEIDY YOAN C	CE Orange Li Rou
ame Treet address	6516 HARBOUR BLVD		2.3 STREET ADDRESS	103 MICHELLE do	UKI
	PANAMA CITY BEACH FL		2.4 CITY-ST-ZIP	Reiof JOAN L 103 MICHELLE GO VANAMA CI	ty FL 32407
ITY - \$1 - ZIP ITLE	I ANAMA OILI DEAUILIC	DELETE	2. 4 GHY-SI-ZIP 3.1 THE	TANTMH	☐ Change ☐ Add
AMÉ		C DEALIE	3.2 NAME		The complete The contract of t
avit Treet address	1		3.3 STREET ADDRESS		
IBLET ADDRESS   ITY+ST+ZIP			3.4. CITY - ST - ZIP		
11LE	<del> </del>	DELETE	4.1 TITLE		☐ Change ☐ Add
AME	ĺ		4. 2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
inee ( Agaireas ) ITY+ST+ZIP			4.4 CITY-ST-ZIP		
111 · 51 · 71P		☐ DELETÉ	5.1 TITLE		Change Addi
AME		—	5.2 NAME		- At mariga - Front , 1440
IREET ADORESS			5.3 STREET ADDRESS		
	<u> </u>		1		
CITY - ST - ZIP	i		5.4 CITY-SY-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 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 changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADORESS

CITY-SI-ZIP

SIGNATURE REQUIRED

DELETE

Daytime Phone #

Change

Addition

**FILED** 

Apr 04 1997 8:00am

Secretary of State