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 # P94000002258 (9)

	ELL CONSIGNMENT BOUT	Mailing Address	······································						
8 N BREVARI		7 YAWL DRIVE COCOA BEACH FL	32931-2624						
US	·					3. Date incorporated or Qualified 01/10/1994		ite of Last R	eport
2. Principal Place of Business 2a. Mailing Add			dress			4. FEI Number	1 40,		plied For
Suite, Apt #, etc.		26				59-3218879 Not Applicable \$8.75 Additional			
Suite, Ar 22	M. H., ETC.	Suite, Apt. #, et	.c.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & St	ale	City & State				6. Election Campaign Financing		\$5.00	May Be
23]		28				Trust Fund Contribution		Added I	
Ζιρ 24	Country 25	Zip 29	30	untry		This corporation has liability for Florida Statutes	intangible] Yes [199.032,
[4]	9. Name and Address of Cu		1301	Τ		10. Name and Address of New Re			
CH	IATTERLEY, WILLIAM R.			61	Name				ATT. 10.
7 '	YAWL DRIVE			82	Street Addr	ress (P.O. Box Number is Not Acceptal	ole)		
CC	OCOA BEACH FL 32931			83	· · · · · · · · · · · · · · · · · · ·		·····		
				00		,			
				84	City	——————————————————————————————————————	FL	85 Zip	Code
SIGNATUR	Signalize type or or printed name of registers			o Age		poration submits this statement for the pation's board of directors. I hereby acception when reinstains additional statement for the patients of the patients and the patients are statement and the patients are statement. The patients are statement	DATE		
12. Titlé	PTD	DELE		ITLE		ADDITIONS/CHANGES TO OFFIC	ALIIO AIVL	Change	Addition
NAME	CHATTERLEY, MARY F		. 12 N						
STHEET ADDRES			135	TREET	ADDRESS				
CITY-ST-707	COCOA BEACH FL 32931	- I bris			ST-ZIP	na	······	Change	Addition
THLE		ALLE STREET, DAY LANGE AND TO		itle Iame	l			☐ Criange	Acoulon
STREET ADORES	S ULUA DONE				ADDRESS				
CITY - ST. ZIP	COCOA BEACH FL 32931		2. 4 CITY-ST-ZIP		ST-ZIP				
TITLE		DELE						Change	☐ Addition
NAME Over 1 House				IAME	1000000	•			
STREET ADDRES	22				ADDRESS ST-ZIP				
Title		☐ DELE		TILE	Re17	CONTROL CONTRO		Change	Addition
NAME			4.2	NAME					
STHEET ACORES	35				ADDRESS	•			
THEF				4.4 City-ST-ZIP 5.1 Tifle				Change	Addition
NAME	ļ		1	NAME	}			•	
STREET ADDRES	Ī					•			
Office of the context	35		5.3 5	STREET	ADDRESS				
CHY-ST-ZIP	65		5.4 (CITY - S	ADDRESS ST-ZIP			T n	
CHY-ST-7IP TIRLE	55	DELE	7E 6.11	CITY - S				☐ Change	☐ Addition
OTY-ST-ZIP TIPLE NAME		DELE	5.40 TE 6.11 6.21	CITY - S TITLE NAME	ST-ZIP		<u></u>	Change	Addition
CHY-ST-7IF TIRLE		DELE	5.4 6.1 6.2 6.3 6.3 6.3 6.3 6.3 6.3 6.3 6.3 6.3 6.3	CITY - S TITLE NAME STREET				Change	Additio

14. I do hereby certify that the information supplied with this fiting 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

FILED

Apr 14 1997 8:00am

Secretary of State