### 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 # P9400004530 (9)

Principal Place of Business	Mailing Address			
PO BOX 2834 NEW SMYRNA BEACH FL 32170	PO BOX 2834 NEW SMYRNA BEACH FL 32170-2834			

## **FILED** Mar 07 1997 8:00am Secretary of State

Suite, Apt. #, etc. 5 Conffred of Status Parised 5 Special Status Parised 5 Special 5	Principal Pla	ce of Business  BEACH FL 32170	Mailing Address PO BOX 2834 NEW SMYRNA BEACH FL	32170-2834			
2. Principal Pileare of Business   2. Mainty Address   4. FEI Number						l =:	
20	2. Principal	Place of Business	2a. Mailing Address				
Sale Apt # ext	21		26			59-3220921	<del></del>
28	Suitc, Apt. #, etc. Suite, Apt. #, etc. 22				5. Certificate of Status Desired		
Zp	City & State City & State						
25   26   26   30   Florida Statutes   160   1							
SCUGOZA, NICHOLAS 104 CREEKSIDE CIRCLE NEW SMYRNA BEACH FL 32168  11. Pursuent to the previous one of Swettern 607 0502 and 607 1508. Foreida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Soction 607 0505. Florida Statutes, agent I am familiar with, and accept the obligations of, Soction 607 0505. Florida Statutes  SIGNATURE 1. OFFICE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  SIGNATURE 1. OFFICE IS AND DIRECTORS 1. STREET ADDRESS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  NAME SIRRET ADDRESS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INSTITUTE COLORS 1. STREET ADDRESS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INSTITUTE COLORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INSTITUTE COLORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INSTITUTE COLORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INSTITUTE COLORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INSTITUTE COLORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INSTITUTE COLORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INSTITUTE COLORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INSTITUTE COLORS 1. ADDITIONS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INSTITUTE COLORS 1. ADDITIONS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. ADDITIONS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. ADDITIONS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. ADDITIONS 1.	<b></b> -	·	·····				
11. Personer to the previsions of Sections 607.0502 and 607 1506. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Such changing was authorized by the corporation's board of directors. I hereby accept the appointment as registered statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  INTER SOUGOZA, NICHOLAS 104 CREEKSIDE CIRCLE 11 TITLE 21 TITLE 22 NAME 104 CREEKSIDE CIRCLE 12 TITLE 22 NAME 104 CREEKSIDE CIRCLE 12 TITLE 22 NAME 104 CREEKSIDE CIRCLE 12 TITLE 22 NAME 105 TITLE 106 DELETE 13 TITLE 107 Change Addition 108 Change Addition 109 Addition							gistered Agent
104 CREEKSIDE CIRCLE   RV	SCU	JGOZA, NICHOLAS		81	Name		
## City ## FL   85   Zip Code  11. Fursuant to the provisions of Sections 607 0502 and 507 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing lits registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. Purpose of the appointment as registered agent upgrants required to the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. Purpose of the appointment as registered agent upgrants required to the propose of the appointment as registered agent. I am familiar appointment as registered statutes.  SIRET ADDRESS   12 NAME   1				82	Street Addre	ss (P.O. Box Number is Not Acceptab	ole)
B4 City   FL   85 Zip Code	NEV	W SMYRNA BEACH FL 32168			·		·
The provisions of Sections 607 0502 and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent unit analyze with, and accept the obligations of, Socion 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  12.				83			
11. Presument to the provisions of Sections 607 0502 and 507 1508. Florids Steatures, the above named corporation submits this statement for the purpose of changing its registered affect or registered agent. If am familiar with, and accept the obligations of, Section 607 0505, Florids Statutes  SIGNATURE    Signature				84	City		85 Zip Code
12.		:					purpose of changing its registered of the appointment as registered
TILE					t signatura required		
NAME   SCUGOZA, NICHOLAS   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP						ADDITIONS/CHANGES TO OFFIC	
104 CREEKSIDE CIRCLE							C CHENGE C MAGNETI
City   ST   20					DDBESS		
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NAME   STREET ADDRESS   CHY-ST-ZIP   DELETE   STREET ADDRESS   STREET AD					ZII .		Change Addition
104 CREEKSIDE CIRCLE	NAME			2.2 NAME			
DELETE   STITLE   Change   Addition	STREET ADDRESS			2.3 STREET A	DDRESS		
NAME	Cify+S*-7IP	NEW SMYRNA BEACH FL 321	68	2.4 CITY - ST - ZIP			
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Cliv-Si-ZiP	NAME.			3.2 NAME			
THE	STREET ADDRESS	s		3.3 STREET A	ODRESS		
NAME	City St 7iP				-ZIP		
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A CITY-SF-ZIP	NAME:	<b>\</b>		4.2 NAME		•	•
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STREET ADDRESS 6.3 STREET ADDRESS		6			DORESS		

6.4 CITY-ST-ZIP 14. If 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.