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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P94000008867	(1)
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FILED May 14 1997 8:00am Secretary of State

Principal Place 1155 CATHY TR JACKSONVILLE	HPP LANE	Mailing Address P O BOX 6521 JACKSONMILE FL	32236-6521	· · · · · · · · · · · · · · · · · · ·					
· US								Date of Last Report 2/02/1996	
2. Principal Place of Business 21. SHA West Beaver Street 26. Mailing Address 26. Suite Apt. #. etc.		S			4. FEI Number			upplied For	
					59-3222755			ot Applicable	
22	, to it.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	X		Additional Required	
City & State		City & State		. 1811	77111	6. Election Campaign Financing	<u></u>	\$5.00	May Be
23 Jack St	wull FL	28				Trust Fund Contribution			to Fees
Zp 2 4 a a t	Country	Zip		ountry		8. This corporation has liability for it	nangibli	tax under	s. 199.032,
24 Solutoll	9. Name and Address of Current	1 Pagistared Agest	30			10. Name and Address of New Reg	Yes		
048	· · · · · · · · · · · · · · · · · · ·	r negistered Marit		B1	Name	10. Hame and Address of New Yes	Jisto Gu	Agent	
	PS, STACEY CATHY TRIPP LANE			82	Caro al Ardele	ress (P.O. Box Number is Not Acceptab	1-1		
	(SONVILLE FL 32220			82	Street Addr	ress (P.O. Box number is not acceptab	Θ)		
0 7 (0 1)	TOTAL LE GEES			83					····
				84	City			85 Zip	Code
		,			•	poration submits this statement for the pition's board of directors. I hereby accep	<u>Fl</u>	.	
SIGNATURE S	llgrature, typed or pict bio rume of ingestored ager	nt and title if acceleable	(NOTE: Register	red Ageol	signature requir				·····
12.	OFFICERS AND	***************************************	13.			red when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AN	D DIRECTO	RS IN 12
12. Till!	OFFICERS AND	***************************************	13.					D DIRECTO	
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Troop carry was me information supplied with this imag 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 eath; 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.

SIGNATURE:

