FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000019829 (8)

SIGNATURE:

	J. HARTUNG, P.A.				
		Mailing Address		A 1841/641 ME 1800 SIRV BOW GOOD AND	STIEF LIBIT IMIGE ISTEN FREI 1891 1891
905 N COURTENAY PKWY 905 N COURTENAY PKWY MERRITT ISLAND FL 32963 MERRITT ISLAND FL 3296					
				3. Date Incorporated or Qualified 03/08/1994	3a. Date of Last Report 04/22/1996
2. Principal P	Place of Business	2a. Mailing Address	······································	4. FEI Number	Applied For
21 26		26		59-3239239	Not Applicable
Suite Apt. # etc Suite, A		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		City & State			Fee Required
23	e	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30		Yes X No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Reg	istered Agent
HAF	RTUNG, JAMES J		81 Name		
	n Courtenay PKWY		82 Street Addr	ress (P.O. Box Number is Not Acceptable	le)
MEF	RRITT ISLAND FL 32953				
			83		
			84 City		FL 85 Zip Code
11. Pursuant office or agent. La SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the Starn familiar with, and accept the ob-	502 and 607 1508, Florida Statu te of Florida Such change was ligations of Section 607.0505, F	tes, the above-named corp authorized by the corporal lorida Statutes.	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE.	Signature, typical or printed name of registered		TE Registered Agent signature requir		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PVTS	☐ DELETE	1.1 TITLE		Change Addition
NAME	HARTUNG, JAMES J	TE EA1	1.2 NAME		
STPEET ADORESS	200 INTERNATIONAL DR., \$ CAPE CANAVERAL FL 3292		1.3 STREET ADDRESS		
CHY-S7-7IP	CAPE CAMATERAL PL SEBE	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME		C) brace	2.2 NAME		
STREET ADDRESS			2.3 STREET ADORESS	•	
CITY-ST-ZIP			2 4 CITY-ST-ZIP		-
THE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-7₽			3.4. CITY - ST - ZIP		
TILE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		·
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAMÉ			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C-TY - ST ZIP		T onese	5.4 CITY-ST-ZIP		/ / / / / / / / / / / / / / / / / / /
THE		DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS	1		63 STREET ADDRESS		

64 CITY - ST-ZIP 14. I do hereby certify that the information supplied with this filing ooes 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 solvoration or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 to changed, or only a attachment with an address.