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

**PROFIT CORPORATION** ANNUAL REPORT 1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # P9400020068 (0)

Principal Place of Business 380 \$. WASHINGTON AVE.		Mailing Address 3880 S. WASHINGTON A	VE		
TITUSYILLE FL		TITUSVILLE FL 32780-58			
				3. Date incorporated or Qualified	3a. Date of Last Report
. •				03/15/1994	08/08/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-3229177	Not Applicat
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zlp	Country	Zip	Country		or intangible tax under s. 199.032,
24	9. Name and Address of Cur	29	30	Florida Statutes  10. Name and Address of New I	Yes No
	· · · · · · · · · · · · · · · · · · ·	teur undistaten Want	81 Name	TO. Name BIRD Address of New C	negistered Agent
	CHELL, OLA M MONEELA DR.		20 0	44	
	SVILLE FL 32798		82 Street A	ddress (P.O. Box Number is Not Accept	able)
1,1,0	01,000 1 E 02100		83		
			84 City		85 Zip Code
					FL   T
office or r agent. I a	to the provisions of Sections 607 to egistered agent, or both, in the St m familiar with, and accept the ob-	0502 and 607.1508, Florida Stat ate of Florida. Such change was sligations of, Section 607.0505, I	utes, the above-named of authorized by the corporation of the corpora	corporation submits this statement for the oration's board of directors. I hereby acc	<ul> <li>purpose of changing its registered cept the appointment as registered</li> </ul>
SIGNATURE					
12.	Signature, typed or printed name of registered	AND DIRECTORS (N	OTE: Registered Agent signature r		DATE FICERS AND DIRECTORS IN 12
TITLE	DP OF FICE IS	DELETE	1.1 TITLE	7.0011101103011111000110111	Change Addition
NAME	MITCHELL, OLA M		1.2 NAME		
STREET ADDRESS	104 MCNEELA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL 32796	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-ST-7 P		
TITLE		DETELE	21 THILE		Change L Addit
NAME			2.2 NAME		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addit
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		······································
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addit
NAME			4. 2 NAME		
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CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addit
NAME		<u></u>	5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	6.1 TITLE		☐ Change ☐ Addit
TITLE			6.2 NAME		
TITLE NAME					
TITLE			6.3 STREET ADDRESS 6.4 City - St - Zip		

## **FILED** May 13 1997 8:00am Secretary of State

> Applied For Not Applicable \$8.75 Additional



9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent										
MITCHELL, OLA M 104 MONEELA DR. TITUSVILLE FL 32796			81	Name								
		ŀ	82	Street A	Address (P.O. Box Number is Not Acceptable)							
		[										
		l	83						- {			
			84	City		85	Zip C	ode	$\dashv$			
.,,					FL				_			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating)  DATE												
12,	Signature, typed or printed name of registered agent and title if applicable  OFFICERS AND DIRECTORS	(NUTE: Hegistered	Ager	ii signature	ADDITIONS/CHANGES TO OFFICERS AND	DIREC	CTORS	S IN 12	$\dashv_i$			
TITLE	DP DELETE		[LF		Additional index to different Alle	Ch		Addilio				
NAME	MITCHELL, OLA M		1.2 NAME				•					
STREET ADDRESS	104 MCNEELA DR.		1.3 STREET ADDRES						18			
CITY-ST-ZIP	TITUSVILLE FL 32796		1.4 CITY-ST-ZIP						18			
TITLE	DELETE		2 1 TITLE			Ch	ange	Addition				
NAME :		22 NA	ME									
STREET ADDRESS		2.3 ST	REET	address								
CITY-ST-ZIP			2. 4 CITY - ST - Zif									
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NAME		3.2 NA	ME									
STREET ADDRESS		3.3 ST	REET	ADDRESS								
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NAME		4. 2 N										
STREET ADDRESS				ADDRESS								
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NAME	_ otter	52 NA					ange.		"			
STREET ADDRESS		1		ADDRESS					}			
CITY-ST-ZIP												
TITLE	DELETE		6.4 CITY-ST-ZIP 6.1 TITLE			☐ Ch	ange	Addition	in .			
NAME .		6.2 NA	6.2 NAME									
STREET ADDRESS		6.3 STI	REET .	address								
CITY-ST-ZIP		6.4 C(1							Ì			
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.												