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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Jan 29 1998 8:00am Sandra B. Mortham

FILED

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9. Name and Address of Current Registered Agent BAKER, TERRY I (5103 YESTERDAKS DR) PENSACOLA FL 32503 383 Street Address (P.O. Box Number is Not Acceptable) 383 Street Address (P.O. Box Number is Not Acceptable) 383 383 Street Address (P.O. Box Number is Not Acceptable) 383 383 383 383 384 383 383 38		Country		Country	
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6.4.CITY-ST-ZIP 14. I 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 angular report or supplemental angular exert is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an accurate and that my signature shall have the same legal effect as if made under certify that I am an accurate and that my signature shall have the same legal effect as if made under certify that I am an accurate and that my signature shall have the same legal effect as if made under certify that I am an accurate and that my signature shall have the same legal effect as if made under certify that I am an accurate and that my signature shall have the same legal effect as if made under certify that I am an accurate and that my signature shall have the same legal effect as if made under certify that I am an accurate and that my signature shall have the same legal effect as if made under certify that I am an accurate and the my signature shall have the same legal effect as if made under certify that I am an accurate and the my signature shall have the same legal effect as if made under certification.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	5.3 STREET 5.4 CITY-S DELETE 6.1 TITLE 6.2 NAME 6.3 STREET	T ADDRESS ST - ZIP Change Addition If ADDRESS

emerital annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an adjects.

SIGNATURE: