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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000034303 (5)

Principal Place of Business Mairing Address  100 EYSTER BLVD.  ROCKLEDGE FL 32955  INC.  Mairing Address  100 EYSTER BLVD.  ROCKLEDGE FL 32955  US					
				3. Date Iricorporated or Qualific 05/06/1994	d 3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address	····	4. FFI Number	Applied For
Suite, Apt	# ofc	Suite, Apt. #, etc.		59-3241074	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	
Zip	Country	7 <sub>(D)</sub>	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	Florida Statutes	or intangible tax under s. 199.032,  Yes \(\sigma\) No
. <del></del>	9. Name and Address of Curre			10. Name and Address of New	Registered Agent
	YAVAYA, RALPH		81   Name		
	5 CANARD RD		82 Street Add	dress (P.O. Box Number is Not Accep	table)
WEL	BOURNE FL 32934		83		
					······································
			84 City		FL 85 Zip Code
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or crimed run in trepleted by	e of Florida. Such change was pations of. Section 607,0505, F	authorized by the corpora	rporation submits this statement for th ation's board of directors. I hereby ac- uires when remalating)	cept the appointment as registered
12,	OFFICERS AN	ID DIRI CTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE NAME	ABRAVAYA, RALPH I	∐ DELITE	1111111		Change Addition
STREET ADDRESS	100 EYSTER BLVD.		1.2 NAME : 1.3 SUBSET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL 32955		1.4 CHY - S1 - ZIP		
TITLE		DELETE	2.1 Title		Change Addition
NAME			22 NAMI		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-\$T-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		·	3.4. C-) Y - S1 - ZIP		
TITLE		∐ DELETE	4 1 111(F		Criange Addition
NAME CENTER ADDRESS			4 2 NAME		
STREET ADORESS CITY-ST-ZIP			4.3 \$15(£1 ADDRESS 4.4 CITY - \$1 - ZIP		
TITLE		DELETE	5.1 1/11/1		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CH y - S1 - ZIP		
TITLE		[]] DELETE	6 1 1/1/18		Change Addition
NAME Street address			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City-St-7IP		
	by certify that the information supplie	of with this bling dose not must		ed in Section 119 07(3)(i) Florida State	utor I further cortify that the

In bothere by Cerniy that the information supplied with this faing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report is report is true and accurate and that my signature shall have the same legal effect as if made under eath. Plat 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 project, or on an attachment with an address