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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044821 (4)

FILED Apr 23 1997 8:00am Secretary of State

		Mailing Address 12465 CITATION RD SPRING HILL FL 346104	1823						
						3. Date Incorporated or Qualified 06/10/1994		e of Last 3/1996	
2. Principal F	Prace of Business	28. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number	1 757		Applied For
21		26	·····			59-3252660			Not Applicable
Suite, Apt. #, etc. Suite. Apt. #, etc. 27						5. Certificate of Status Desired			Additional Required
City & Sta	te	City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zip	├ ──	intry	,	8. This corporation has liability for	or intangible	ax unde	s. 199.032.
24	25	29	30			Florida Statutes	XX Yes [
	9. Name and Address of Curr	rent Hegistered Agent		81	Name	10. Name and Address of New	Registered A	gent	·
	ERNER, DEBORAH L			"	Name				
12465 CITATION RD SPRING HILL FL 34610				82 Street		dress (P.O. Box Number is Not Accep-	able)		
ərr	AING HILL PL 340 IO			83	 				
				84	City		FL	85 Zi	p Code
SIGNATURE		AND DIRECTORS	OTE Registere	d Age	ent signature requ	uired when reinslating) ADDITIONS/CHANGES TO OF	DATE FICERS AND		
TITLE	D DECORAGE DECORAGE	☐ DELETE	1,1 T					Chang	e 🔲 Addition
NAME	BOERNER, DEBORAH L 12465 CITATION RD		1.2 N						
STREET ADDRESS	SPRING HILL FL 34810				ADDRESS		*,		
CITY-ST-ZIP TITLE	OF THIS TREE I E OTOTO	DELETE	217		ST-ZIP			Спапо	e L Addition
NAME			2.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			2.46	CITY-	ST-ZIP				
TITLE		DELETE	311	ITLE				Chang	e
NAME			3.2 N	AME					
STREET ADDRESS			3.9 S	TREET	ADDRESS				
CITY - ST - 7IP		T 05.575			ST-ZIP			180	1.4400
THTLE		☐ DELETE	4.1 T					Chang	e 🗀 Addition
NAME				VAME					
STHEET ADDRESS					ADDRESS				
City-S1-ZiP Title			4.4 C		ST-ZIP			Chang	e 🔲 Addition
NAME		DELETE		I LE	İ			A CHANGE	- La riddición
STREET ADDRESS	}	DELETE		AME	1		•		
		☐ DELETE	5.2 N		L TUUBLES		•		
		DELETE	5.2 N 5.3 S	TREET	T ADDRESS				
C-TY - ST - ZIP TITLE			52 N 53 S 54 C	TREET	T ADDRESS ST-ZIP		,	☐ Chang	e
TITLE		☐ DELETE	5.2 N 5.3 S 5.4 C 6.1 T	TREET ITY-S ITLE	j		· · · · · · · · · · · · · · · · · · ·	☐ Chang	e Addition
TITLE NAME			5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	TREET ITY - S ITLE AME	ST-ZIP			☐ Chang	e Addition
TITLE			5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S	TREET ITY-S ITLE AME TREET	j			☐ Chang	e 🔲 Addition

I no neredy 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/4-14-97 /813 996 60 Date Daytime Phone #