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

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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

OF CORPORATIONS

1997 AUG 28 PM 1: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0,010112011			
			1
Principal Place of Business Mailing Address	AME		
2176 GILT GATEINE - 2	HM C		
SARASONA FL 3631			
211011111111111111111111111111111111111		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address		4 FELNIMOO	7996
11)196 GUY F (-ATE 12 50) 196 (SUL)	I GATE IN	15.052016	Applied For Not Applicable
Suite, Apt. #, etc. Suitet Apt. #, etc.	· <u> </u>		\$9.75 Additional
27		5. Certificate of Status Desired	Fee Required
23 SAKASOTA F 28 SHKASOTA	IL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 21 Gooding A TO 1/2 1/21	Suntry Ant	8. This corporation has liability for i	ntangible tax under s. 199.032,
24 34 25 25 CHISO 17 29 3 42 3 3	10 SAICHIO 171		Yes No
9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
LOUISTANCE UDADE	Name		
4226 MARLOWE DR	82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
4226 11 1A1Charles 31	83		
SARASETA, FL 34-4	24		
	84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	the above-named corporate	pration submits this statement for the p	urpose of changing its registered
office or positive of agont, or both, in the State of Florida Saturbuse agent. I and tamiliar with and accord the obligations of, Section 607.0505, Florida Saturbuse of Secti	da Statutes.	on's board of directors. I hereby accep	t the appointment as registered
SIGNATURE Signature typed or ponted tran extra region and the respectable (NOI)	Registered Agent signature require	a when to contact the	DATE 0.15.97
12. QEEICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
THE ROESIDENT LANG DELETE	1.1 TOLE		Change Addition
NAME CONSTANCE WATER	1.2 NAME	700002:	
STREET ADDRESS 456 MACLAWE	1.3 STREET ADORESS		/9701130006
CITY-ST-ZIP JOCASOTA, FL 342-41	1.4 C(1Y - S1 - Z)P	*******	65.00 ****165.00
MILE VICE. PICESI DEALT	2.1 TiTLE		Change Addition
NAME DAVID W. WASK	2.2 NAME		
STREET ADDRESS 4216 MARCHOWR DRE	2 3 STREET ADDRESS		}
TITLE DELETE	2 4 CiTY - ST - ZIP		Change Addition
TITLE LI DELLIE	3 1 TITLE 3 2 NAME		L Change L Addition
STREET ADDRESS	33 STREET ADDRESS		\
CITY-ST-ZIP	3.4 C(1Y-S) - Z(P		1
TITLE DELETE	4.1 10 LE		Change Addition
NAME	4 2 NAME	·	
STREET ADDRESS	43 STREET ADORESS		(
CITY-ST-ZIP	4.4 C(1Y+S1-Z)P		
TITLE DELETE	5.1 TITLE		Change Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADURESS		
CITY-ST-ZIP	5.4 CITY - ST - 7IP		
TATLE DELETE	6.1 1(TLE		L_1 Change Wdition
NAME	6.2 NAME		1/2/1/0/1.
STREET ADDRESS	63 STREET ADDRESS		8/10
CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify	64 City-S1-ZiP for the exemption stated	in Section 119.07(3)(i). Florida Slalules	. I further certify that the
I information in displace on this appeal appeal or quantum antal arguet assert in true	a and accurate and that a	my clanature chall boye the come local	offeet on if made under only that

information indicated on this annual report of supplicitional arrival report is true and accurate and that my signature shall have the same logal effect as if made under of lam 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: