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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNU	PPORATION JAL REPORT 1997	DIA	Sandra B. Morth Secretary of State DIVISION OF CORPORE		Secreta	ary of State
1. Corporation	MENT # P940 OUNT, INC.	00052017	' (8)		F (1881) AND HAVE BEING BE	
Principal Place	e of Business	Mailing Addr	ess		אום ווופט ווופט וופוס ווופו פונ ופטווסטן ו	DE BONDE BURITO HEIRE BONDE HERRE FOREL FOREL
8750 S OCEAN DR P.O. BOX 1117 APT 636 JENSEN BEACH FL 34958-1117 JENSEN BEACH FL 34957						
					3. Date incorporated or Qualified 07/11/1994	3a. Date of Last Report 02/14/1996
2. Princ pal P 21	lace of Business	2a. Mailing A	ddress		4. FEI Number 65-0512635	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apl	. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	0	City & Sta	ite		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip	Country	28		Country	8. This corporation has flability for	
24	25	29	30		Florida Statutes	☐ Yes ☐ No
	9. Name and Address of	Current Registered Age	nt	81 Name	10. Name and Address of New R	
	DERSON, WILLIAM D JR.			WILLI	Am D. AridERson Fr	۷
				82 Street Addr	ress (P.O. Box Number is Not Accepta	(ble)
SUITE 103 STUART FL 34994						
,	7411 1 L 0 1001			84 City_	/C1-	les Zin Code
				STUX	SRT	FL 85 39494
11, Purspant	to the provisions of Sections 6	07.0502 and 607 1508, F	lorida Statutes, th	e above-named corp	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing its registered
agent. La	im familiar with, and accept the	o obligations of, Section 6	07.0505, Florida	Statutes.	,	
SIGNATURE	Synature, type:) or protect namic of regi-	Can Language and the it perchaphic	INOTE Rea	stered Agent signature regul	(or when reinstating)	DATE
12.		RS AND DIRECTORS		13,	ADDITIONS/CHANGES TO OFF	
TITLE	DP		DELETE	1.1 TITLE		CERS AND DIRECTORS IN 12 Change Addition
NAME	HARRELL, DENNIS V.		[I 2 NAME		(장
STREET ADDRESS	8705 S OCEAN DR APT			1.3 STREET ADDRESS		R2FR34
CHY-ST-ZIP	JENSEN BEACH FL 349			1.4 CITY-ST-7IP		Change Addition
TITLE NAME	DS HARRELL, INGEBORG	L		2.1 TITLE 2.2 NAME		- , , -
STREET ADDRESS	8705 S OCEAN DR APT	636	1	2 3 STREET ADDRESS		<
CITY-ST ZIF	JENSEN BEACH FL 349			2. 4 CITY - ST - ZIP		}
TITLE			DELFTE	3.1 TITLE		Change Addition
NAME			i	3 2 NAME		
STREET ADDRESS			1	3 3 STREET ADDRESS		
CITY-51 ZIF			0.000	3.4. CITY - ST - ZIP		Change Addition
TITLE		L		4.1 TITLE		Change Addition
STREET ADDRESS				4. 2 NAME 4.3 STREET ADDRESS		,
CITY-ST-ZP			1	4.4 City - St - Zip		}
TITLE			7	5.1 TITLE		Change Addition
NAME			į	5.2 NAME		1
STREET ADDRESS			Į	5.3 STREET ADDRESS		
CITY-S1-7-P				5.4 CITY-ST-ZIP		
THLE			ľ	6.1 TITLE		Change Addition
NAME				6.2 NAME		-
STREET ADDRESS			L	6.3 STREET ADDRESS		
CITY-ST-ZIP	L carlify that the information	compliant with this bling de		the exemption state	d in Section 119 07(3Vi), Florida Statu	toe I further certify that the

rao necessy certify that the information supplied with this thing 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.

FILED

Jan 24 1997 8:00am