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

FILED

Mar 18 1997 8:00am

Secretary of State

DOCUMENT # P94000052626 (6)

Principal Plac 2551 INDIAN R #10 ARGO FL 3464	ROCKS ROAD	Mailing Address 12551 INDIAN ROCKS #10 LARGO FL 33774-3009						
					 Date incorporated or Qualified 07/15/1994 		ate of Last 2/1996	Report
	lace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number		├- -	pplied For
Suite, Apt	#. eta	Suite, Apt. #, etc			59-3256983			Additional
22		27			5. Certificate of Status Desired			Required
City & Stat	(6	City & State			6. Election Campaign Financing		•	May Be
2 3] Ζψ	Country	28 Zip	Cour	ntry	Trust Fund Contribution 8. This corporation has liability for	istancible		to Fees
24	25	29	30		Florida Statutes	Yes [∐ No	8. 195.032.
	9. Name and Address of Curren	t Registered Agent		84 1 11	10. Name and Address of New Re	gistered	Agent	
	SHINE, BARBARA K 5 DAVIE BLVD.		}	81 Name				
	AUDERDALE FL 33312		[82 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
., -	. 100211012212121		Ì	83				
			}	84 City			85 Zip	Code
				-		FL	.	
TT. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida 5	tatutes, the ap	iove-named cor	rporation submits this statement for the i	purpose of	changing	its registered s registered
office or r	registered agent of boin, in the state	of Florida, Such change v	vas authorized	by the corpora	ation's board of directors. I hereby acce	pt the app	CHI HI TO THE CA	
	in familiar with and accept the obligation	of Florida, Such change values of, Section 607,050	was authorized 5, Florida Stati	I by the corpora ites.	rporation submits this statement for the ation's board of directors. I hereby acce	pt the app	on arrest a	2
office or r agent 1 a SIGNATURE	and farmiliar with and accept the obligation of special specia				ation's board of directors. I hereby acce	DATE		
SIGNATURE	Signature Expection protest many of registered age	int and filte if applicable DIDIRECTORS	(NOTE: Reg stered	Agent signature requ		DATE	DIRECTO	RS IN 12
SIGNATURE 12. Title	Signs on apped or product many of registered app OFFICERS AN	nt and life if applicable	(NOTE: Registered	Agent signature requ	uired when reinstating)	DATE		RS IN 12
SIGNATURE 12. III.E NAME	OFFICERS AN SHAFER, JACQUELYNNE	int and filte if applicable DIDIRECTORS	(NOTE: Reg stered 13. 1.1 III 1.2 NA	Agent signature requ	uired when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME SIRE LADORESS	Signs on apped or product many of registered app OFFICERS AN	int and filte if applicable DIDIRECTORS	(NOTE: Reg stered 13. 1.1 Tif 1.2 NA 1.3 STI	Agent signature required to the signature requirement of the signature req	uired when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. THE	PD SHAFER, JACQUELYNNE 2219 MARY SUE ST.	int and filte if applicable DIDIRECTORS	(NOTE: Reg stered 13. 1.1 TH 1.2 NA 1.3 STI 1.4 CIF	Agent signature requ LE ME REET ADDRESS Y-ST-ZIP	uired when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TILLE NAME STREET ADDRESS CHY-SI-709	PO SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C	THAND BITE IT ASPECIABLE D. DIRECTORS DELETE	(NOTE: Reg stered 13. 1.1 T/f 1.2 NA 1.3 ST/ 1.4 C/f	Agent signature requ LE ME REET ADDRESS Y-ST-ZIP LE	uired when reinstating)	DATE	DIRECTO	RS IN 12 Addition
SIGNATURE 12. THE NAME SIREL ADDRESS CHES-ST 7P THEE NAME	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THAND BITE IT ASPECIABLE D. DIRECTORS DELETE	13. 1.1 III 1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA	Agent signature requ LE ME REET ADDRESS Y-ST-ZIP LE	uired when reinstating)	DATE	DIRECTO	RS IN 12 Addition
SIGNATURE 12. THE NAME STREET APORESS THE NAME SHEET ALORESS	PO SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C	THAND BITE IT APPLICABLE D. DIRECTORS DELETE DELETE	13. 1.1 TH 1.2 NA 1.3 STI 1.4 CH 2.1 TH 2.2 NA 2.3 STI 2.4 CH 2.4 CH 2.4 CH 2.4 CH 2.4 CH	Agent signature requirements LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	uired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition
SIGNATURE 12. THEE NAME STROT ADDRESS CHY 54, 70° THEE NAME SIGNAT ALORESS CHY 54, 26° THE	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THAND BITE IT ASPECIABLE D. DIRECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.5 T	Agent signature requirements LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE	uired when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE 12. THEE NAME SIRE LADDRESS OBY-ST-79 THEE NAME SIRETT ALDRESS OHY-ST-26 THEE NAME	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THAND BITE IT APPLICABLE D. DIRECTORS DELETE DELETE	13. 1.1 Til 1.2 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CI 3.1 Til 3.2 NA	Agent signature required to the signature re	uired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition
SIGNATURE 12. THE NAME STREET ADDRESS OBY - ST-7P THE NAME SIRECT ALORESS OHY-ST-2F LIVE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THAND BITE IT APPLICABLE D. DIRECTORS DELETE DELETE	13. 1.1 TH 1.2 NA 1.3 STI 2.2 NA 2.3 STI 2.4 CI 3.1 TH 3.2 NA 3.3 STI 3.3 STI 3.3 STI	Agent signature required to the signature re	uired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition
SIGNATURE 12. THE NAME STROT ADDRESS GISY 54-70- THEE NAME SIERTY ALDRESS GITY-51-20- THEE NAME STREET ALDRESS GITY-51-70- THEE NAME STREET ADDRESS GITY-55-70-	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THAND BITE IT APPLICABLE D. DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.4 CIT 3.5 C	Agent signature required to the signature re	uired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. THE NAME STREET ADDRESS CRY-ST-7P THEE NAME STREET ADDRESS CHY-ST-2F THE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THE AND SITE OF APPLICABLE DELETE DELETE DELETE	13. 1.1 TH 1.2 NA 1.3 STI 1.4 CH 2.1 TH 2.2 NA 2.3 STI 2.4 CCC 3.1 TH 3.2 NA 3.3 STI 3.4 CCC 3.4 CCC 3.4 CCC 3.5 TH 3.5 T	Agent signature requirements LE ME ME REET ADDRESS Y-ST-ZIP LE ME NEET ADDRESS IY-ST-ZIP LE ME	uired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition
SIGNATURE 12. TILE NAME STRO LADORESS COVEST 70° TILE NAME SIENTE ALORESS COVEST 20° LUC NAME STREET ALORESS COVEST 20° LUC NAME STREET ALORESS COVEST 40° LUC	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THE AND SITE OF APPLICABLE DELETE DELETE DELETE	13. 11 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.1 TIT 4.2 NA	Agent signature requirements LE ME ME REET ADDRESS Y-ST-ZIP LE ME NEET ADDRESS IY-ST-ZIP LE ME	uired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TILE NAME SIRO LADORESS COVEST 70° TILE NAME SIRNT ALORESS COVEST 20° LIVE NAME SIRRE LADORESS COVEST 20° LIVE NAME SIRRE LADORESS COVEST 40° LIVE NAME STREEL ADORESS TOTE SAME	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THE AND SITE OF APPLICABLE DELETE DELETE DELETE	13. 11 TIT 12 NA 13 STI 14 CIT 22 NA 23 STI 2 4 CI 31 TIT 32 NA 33 STR 34 CI 41 TIT 4 2 NA	Agent signature requirements LE ME ME REET ADDRESS Y-ST-ZIP LE ME IY-ST-ZIP LE ME	uired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. THE NAME STROT ADDRESS GIVEST 70- THEE NAME SHELT ALDRESS GIVEST 26- THEE NAME STREET ADDRESS GIVEST 70- THEE NAME STREET ADDRESS GIVEST 70- THEE STREET ADDRESS GIVEST 70- THEE STREET ADDRESS GIVEST 70-	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THE AND SITE OF APPLICABLE DELETE DELETE DELETE	13. 1.1 TIF 1.2 NA 1.3 STI 1.4 CIF 2.1 TIF 2.2 NA 2.3 STF 2.4 CIF 3.1 TIF 3.2 NA 3.3 STF 3.4 CIF 4.1 TIF 4.2 NA 4.3 STF 4.4 CIF 4.2 NA 4.3 STF 4.4 CIF	Agent signature required to the signature re	uired when reinstating)	DATE	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. THE NAME STROT ADDRESS GIVEST 70- THEE NAME SHELT ALDRESS GIVEST 26- THEE NAME STREET ADDRESS GIVEST 70- THEE NAME STREET ADDRESS GIVEST 70- THEE STREET ADDRESS GIVEST 70- THEE STREET ADDRESS GIVEST 70-	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THE AND SITE of APPRICABLE DELETE DELETE DELETE	13. 1.1 TIF 1.2 NA 1.3 STI 1.4 CIF 2.1 TIF 2.2 NA 2.3 STF 2.4 CIF 3.1 TIF 3.2 NA 3.3 STF 3.4 CIF 4.1 TIF 4.2 NA 4.3 STF 4.4 CIF 4.2 NA 4.3 STF 4.4 CIF	Agent signature requirements LE ME ME REET ADDRESS Y-ST-ZIP LE ME ME ME REET ADDRESS IY-ST-ZIP LE ME ME ME REET ADDRESS Y-ST-ZIP LE MAE AGENT ADDRESS Y-ST-ZIP LE MAE ME	uired when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. THE HAMS STROT ADDRESS GISHAST 70- THE NAME SIRETT ADDRESS GISHAST 26- THE NAME STREET ADDRESS GISHAST 70- THE NAME STREET ADDRESS GISHAST 70- THE STREET ADDRESS GISHAST 70- THE	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THE AND SITE of APPRICABLE DELETE DELETE DELETE	13. 11 117 12 NA 13 STI 14 CIF 21 TIT 22 NA 23 STI 2 4 CIF 31 TIT 32 NA 33 STR 34 CIF 41 TIT 4 2 NA 43 STI 51 TIT 52 NA	Agent signature requirements LE ME ME REET ADDRESS Y-ST-ZIP LE ME ME ME REET ADDRESS IY-ST-ZIP LE ME ME ME REET ADDRESS Y-ST-ZIP LE MAE AGENT ADDRESS Y-ST-ZIP LE MAE ME	uired when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TILE NAME STRO LADORESS GISH-ST-70- TILE NAME SIERT ALORESS GISH-ST-70- TILE NAME STREEL ADORESS GISH-ST-70-	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THE AND SITE OF APPLICABLE DELETE DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 4.1 TIT 4.2 NA 4.3 STI 4.1 TIT 5.2 NA 5.3 STI 5.4 CIT 5.1 TIT 5.2 NA	Agent signature required to the signature re	uired when reinstating)	DATE	DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. THE HAME STROT ADDRESS GIVEST 7P THE NAME STRETT ADDRESS GIVEST 7P	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THE AND SITE of APPRICABLE DELETE DELETE DELETE	13. 11 TIT 12 NA 13 STI 14 CIT 22 NA 23 STI 2 4 CIT 31 TIT 32 NA 33 STI 44 CIT 4 1 TIT 4 2 NA 53 STI 52 NA 61 TIT 52 NA	Agent signature required to the signature re	uired when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TILE NAME STRO LADORESS COSY STOPE THEE NAME STREET ALORESS COSY STOPE THEE NAME	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THE AND SITE OF APPLICABLE DELETE DELETE DELETE DELETE	13. 11 117 12 NA 13 STI 14 CIF 21 TIT 22 NA 23 STI 2 4 CIF 31 TIT 32 NA 33 STR 34 CIF 41 TIT 4 2 NA 43 STI 52 NA 53 STR 54 CIF 51 TIT 52 NA 53 STR 54 CIF 54 CIF 61 TIT 62 NA	Agent signature requirements LE ME ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS IY-ST-ZIP LE ME	uired when reinstating)	DATE	DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TILE NAME STRO LADORESS COSY ST. 70° THEE NAME STREET ALORESS COSY ST. 70° THEE NAME	OFFICERS AN OFFICERS AN PD SHAFER, JACQUELYNNE 2219 MARY SUE ST. LARGO FL TD PLAUCHE, JACQUELYNE C 10451 118 PLACE NORTH	THE AND SITE OF APPLICABLE DELETE DELETE DELETE DELETE	13. 1.1 TH 1.2 NA 1.3 STI 2.2 NA 2.3 STI 3.2 NA 3.3 STI 4. CIT 5.1 NA 5.3 STI 5.4 CIT 6.2 NA 6.3 STI 6.3 NA 6.3 STI	Agent signature required to the signature re	uired when reinstating)	DATE	DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition