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

## •PROFIT



FLORIDA DEPARTMENT OF STATE

## **FILED** Apr 28 1997 8:00am

ANNU	PORATION AL REPORT 1997		Sandra S. Mortham  Secretary of State  DIVISION OF CORPORATIONS		Secretary of State	
<ol> <li>Co poration.</li> </ol>	Namo	4000053 Tutce		L, IUC		
Principal Place of Business 130 EUROPOISE AUESE Mailing Address Ste F						
Aalm Bay, FL 32909					3. Date Incorporated or Qualified 7/27/94	3a. Date of Last Report 4/25/96
2. Principal Place of Business 1 /02 E. NEW HAVEN AVE 28 57/0-K HIGH POINT AD				POINT RD.	4. FEI Number 59 - 3256429	Applied For Not Applicable
Suite. A <del>nt. #</del>	<del>-ct</del> :	L	uite, <del>Apt. #, et</del> c. 2 / 0		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State  MELBO	URNE, FL		ity & State A REENSBORO	, NC	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
710 [4] 3290		SA 29 3		Country 30 USA		Yes No
		ess of Current Register		81 Name	10. Name and Address of New Reg	Istered Agent
Chick ming wh					fress (P.O. Box Number is Not Acceptable	
1481 Country Club De. Ne 82 Street Addres					oress (P.O. box Number is Not Acceptable	
Polns 204 = 4 2000						
1410 1014 1-L 32405					·	85 Zip Code
office or re-	gistered agent, or both	tions 607,0502 and 607, in the State of Florida, ept the obligations of, \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Such change was a Section 607.0505, Flo	ithorized by the cornors	poration submits this statement for the pu ation's board of directors. I hereby accept arted when reinstating)	roose of changing its registered the appointment as registered
12.		FFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICE	
1:1(1	PRESIDEN		L DEFELE	11 TITLE		Change L Addition
NAME STREET ATRIBUTES	CHIEN MI 5710-K H GREENSBOR	NG, WU 14H POINT RD 1, NC 27407	. SUITE 210	1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP		
tor SLAP Torr		· ).·· = ·	DELETE	2.1 TITLE		Change Addition
NAM:				22 NAME		
\$564 F # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 #				2.3 STREET ADDRESS		
CHY SI ZI			DELETE	2. 4 CITY - ST - ZIP		Change Addition
NAM-			C DECENT	31 TITLE 32 NAME		Change Addition
51HFE! 40L55				3 3 STREET ADDRESS		
6.1, 5, 70				3 4. CITY - ST - ZIP		
10.1			DEFELE	41 TITLE		☐ Change ☐ Addition
*iA*Al				4 2 NAME	•	
5446 - F. #0646 165				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		, }
(014-51-79) (104-51-79)			☐ DELETE	5 1 TITLE		Change Addition
N/M			-	5.2 NAME		
SUPPLIATION SY				53 STREET ADDRESS		A) 4/2×143
(11) 11 24			The exp	5 4 CITY-ST-ZIP		11/1/9//
htt			DELETE	6.1 TITLE		Change L Addition
NAM:				62 NAME	700002151 -04/28/970107 ***165.00	DD [ [ R012
SHEEL ARCS TS (COST ST 24)				6.3 STREET ADDRESS 6.4 City - St - Zip	***164 UU	O OIL
	certify that the inform	ation supplied with this	filing does not qualify		d in Section 119.07(3)(i), Florida Statutes.	I further certify that the

Tac receipt that the information supplied with this filling does not duality for the exemption stated in Section 1.19.07(3)(f), Florida Statutes. Further certify that the information in this annual report or suppliemental 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 efficiency or incurrence for 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.

4/24/17 (910)218-0255