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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthar

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May 01 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

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'GRADY, OWEN, AND ASSOCIATES, INC.

Process Division of Division on	Mallana			
Principal Place of Business 1482 PINE ST. NICEVILLE FL 32578	Mailing Address P.O. BOX 549 NICEVILLE FL 32588-0549			
US	INCLINED OF ACOM OCIO		3. Date incorporated or Qualified	Sa. Date of Last Report
Principal Place of Business	2a. Mailing Address		07/21/1994 4. FEI Number	04/11/1996
THROUGH COOK OF DESIRES	26 26		59-3257704	Applied For Not Applicable
Suite, Apt. #. etc	Suite, Apt. #, etc.			CO 7E Addition of
	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zip Country	Zφ	Country	8. This corporation has liability for i	
9. Name and Address of Curr	rent Begintered Agent	30	Florida Statutes 10. Name and Address of New Re	Yes No
	Idur vedisteien wäenr	81 Name	(U. Name and Address of New No	Bistaled Wallt
BRYANT, WILLIAM G 1482 PINE STREET				· · · · · · · · · · · · · · · · · · ·
NICEVILLE FL 32578		82 Street Ad	ddress (P.O. Box Number is Not Acceptab	le)
NICEVILLE PL 32976		83		
		84 City	· ·	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	0502 and 607 1508, Florida Statuti	es, the above-named c	orporation submits this statement for the p	urpose of changing its registerer
office or registered agent, or both, in the St agent. I am familiar with, and accept the ob	ate of Florida. Such change was a digations of Section 607,0505. Flo	authorized by the corpo orida Statutes.	pration's board of directors. I hereby accept	of the appointment as registered
SIGNATURE PLUM DAME	- Willem 6 BEYN	_	- 3 APRIL	. ` 97
Serverus, typico or purited name of equational	agent and title if applicable. (NOT	E Flegistered Agent signature re	equired when reinstating)	DATE
Stratus. Vipid or profed have of equational 2. OFFICERS /	agent and title if applicable. (NOT) AND DIRECTORS	E Ringistered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
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