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FILED May 22 1997 8:00am Secretary of State



Í	PROFIT		ER MAY 1 IS		7 May 22	1007 9	.00
COF ANNU	RPORATION UAL REPORT 1997		Sandra (Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS	May 22 Secret	tary of S	
Principal Place of Business Mailing Address							
P.O. BOX 491 JACKBONVILLI	SI E BEACH FL 32240		.O. BOX 49131 ACKSONVILLE BEACH I	FL 32240-9131			
A District D	New and Programme	190	No. 112 - Addison		3. Date Incorporated or Qualifier 07/29/1994	07/18/199	3
	Place of Business ·	1	Mailing Address	LANTIC BLUE	4. FEL Number	<u> </u>	Applied For Not Applicab
Suite, Apt.		27	Suite, Apt. #, etc.		59-3257689 5. Certificate of Status Desired	□ \$8.75	Additional Regulred
Citŷ & Stat			City & State	Tic MACG	6. Election Campaign Financing Trust Fund Contribution	\$5.0	O May Be d to Fees
Zip	Countr	y	Zib 2222	Country 30 USA	8. This corporation has liability for	or intangible tax under	
266	9. Name and Addre	5 / + 29 ess of Current Regis	stered Agent	30 0 5/7	Florida Statutes 10. Name and Address of New	Yes K No Registered Agent	
RO	BERTSON, LANCE J			81 Name			
	IS ATLANTIC BLVD #	1133		82 Sireet Addr	ress (P.O. Box Number is Not Accep	table)	
	ANTIC BEACH FL 32						
**	*			83			
	•			84 City		E1 85 Zi	p Code
1. Pursuant	to the provisions of Sac	tions 607.0502 and 6	07.1508. Florida Statu	log the phone period core	· · · · · · · · · · · · · · · · · · ·		
OTHOROUT	to the provisions of Sec	the state of the state of Class.	3. 6	tes, the above-hamed corp	poration submits this statement for the	e purpose of changing	its registere
A DOOD A	registered agent, or both	n, in the State of Flori cont the obligations o		authorized by the corporat lorida Statutes.	oration submits this statement for the	e purpose of changing cept the appointment a	its register as registered
ACCOUNT A		uto	47NO	18 5 100	MISON PRASO	e purpose of changing cept the appointment a	its register as registero - · 2 5
agy unit	Signature, typed or printed name	uto	HANC	authorized by the corporationida Statutes. 17 D D D 11 16 Rigistered Agent signature requirements.	MISON PRASO	DATE 4	25
KON, URE 1 2.	Signature, typed or printed name	e of registered agent and little	HANC	1F : Registered Agent signature requir	rosson Pronso Pronso Pronso	DATE 4	- · 2 6 ·
Z.	Signature, typed or printed name O DPST ROBERTSON, LAN	to registered agent and little DEFICERS AND DIRECTOR	Happicable (NO	17: Registered Agent signature require	rosson Pronso Pronso Pronso	DATE FICERS AND DIRECTO	- · 2 6 DRS IN 12
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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 13 if changed, or on an attachment with an address.