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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1997

**FILED** Jun 16 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address	12. HAD		
Principal Place of Business  3685. N. U.S.  FT. PIERCE 549	1 18761 G	ARBO, YEF		
		7 #5		
FV. VIERCE	1 BOLA RO	treu.	3. Date incorporated or Qualified 3a. Date of	Last Report
349	46 2001	T- 33491	ALLOO JAH APM	1 11194 96
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21	26		65-1513776	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired \$	8.75 Additional
27			5. Certificate of Status Desired	Fee Required
City & State			6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
2ip Country 2ip Country  9. Name and Address of Current Registered Agent  81 Name  82 Street Address  8761 GARRO FER. # 3  84 City  Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpora office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation			8. This corporation has liability for intangible tax under s. 199.032,	
24 25	[29]	30	Florida Statutes Yes X N	
9. Name and Address of Cur	ent Hegistered Agent	81 Name	10. Name and Address of New Registered Age	<u>nt</u>
DAVID L. MINDIGS	7 7	I Name		
82 Street Address (P.O. Box Number is Not Acceptable)				
18761 GARBO	-,-	83		
	M > 16/11/	03		
BOLA ROTON	LM 24140	84 City	8!	Zip Code
2000	500 1 007 4500 Ft- 14- 01-14-		FL	
			poration submits this statement for the purpose of cha tion's board of directors. I hereby accept the appointr	nging its registered incent as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes				
SIGNATURE	0.015			
Signature, typed or printed name of registered  12. OFFICERS A	AND DIRECTORS	Registered Agent signature require 13.	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIF	PECTODS IN 12
TILLE DRESAMENT IND	CALLAS C DELETE	1.1 TITLE		RECTORS IN 12 Change Addition
Limitani I iku	770 FE 1 -	1.2 NAME		<b> </b>
שיעתען 🗀 איי איי	Ter. #3	13 STREET ADDRESS		
STREET ADDRESS 13761 GAR BO	FL 3494	14 CITY-ST-ZIP		
TITLE	☐ DELETE	21 1111.15		Change Addition C
NAME		2 2 NAME	_	
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-SI-ZIP		2 4 City-St-ZiP		1
TITLE	DELETE	3.1 THTLE ·		Change
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3 4 CITY-ST-ZIP		f
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		)
City-St-ZiP		4.4 C(1) Y - \$T - Z(P)	11	1
TITLE	☐ DELE1E	517016		Change Addition
NAME		5.2 NAME	- 18 )	11, 1
STREET ADDRESS		5.3 STREET ADDRESS	¥110	11/0/9
CITY-ST-ZIP		5 4 CITY - \$1 - 2IP	10 %	''
TITLE	☐ DELETE	6 1 111LF		Change Addition
NAME		6.2 NAME	10000221429	1.
STREET ADDRESS		6.3 STREET ADDRESS	-06/17/9701034017	7
CITY-S1-ZIP		6.4 CITY - ST - ZIP	***165.00	
14. I do hereby certify that the information supp	lied with this filing does not quality	for the exemption stated	d in Section 119.07(3)(i), Florida Statutes, I further cert	tily that the
intormation indicated of jhis annual report o	r supplemental annu <b>f</b> li report is tru	ue and accurate and that	my signature shall have the same legal effect as if m	iade under oath; that [