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

Principal Place of Business 1225 WEST KING STREET COCOA FL 32822 US Mailing Address 1225 WEST KING STREET COCOA FL 32822 US										
							3. Date Incorporated or Qualific 08/03/1994		ate of Last R 29/1996	Report
2. Principal P	lace of Busin	ness	2a. Mailing Add	dress	·····		4. FEI Number	<u>-</u>	Ar	oplied For
Suite, Apt. #, etc.			26	·			59-3256244			ot Applicable
22 Suite, Apr.	#, BIC.		f1	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional equired
City & State			[27] City & State	City & State			6. Election Campaign Financing			May Be
23			28	28			Trust Fund Contribution	" 🗆		to Fees
Zip	,-,-	Country	Zip		Country		8. This corporation has liability	for intengible	tax under s	199.032,
24]	25 9. Name and Address of Curren		29]				Florida Statutes		□ No	
A. m			ent Registered Agent		81	Name	10. Name and Address of New	Registered	Agent	
CHILDERS, BONNIE 840 Brevard Avenue Ste. B					L	l Ko	bert H. Wric	abt		
	KLEDGE FI				82	Street Addre	ess (P.O. Box Number is Not Acce	ble)		
1100	(166546)	- 00000			83			α		···········
					84	City	09, -1.56	922	85 Zip.	Codo
					07		C09	FL	. l° 35	ලීටී <i>ට</i>
11. Pursuant office or a	to the provis	ions of Sections 607.0	502 and 607.1508, Floi te of Florida, Such cha	rida Statutos inoc was au	, the abov tho⊯red by	e-named corp the corporati	orgaion submits this statement for the	ne purpose o	of changing it	ls registered 1
agent. La	ım familiar wi	th, and accept the obl	igations of, Section 60	7.059 7.) 1 4	da/Statute	11-14	of's board of directors. I hereby ac	ام الله الم		
SIGNATURE	Kober	or printed name of registral d		IDW	Registered Agr	with	on reinstating)	DATE	3-28-9	·/
12.	Olgholdic, sprea		NO DIRECTORS		13.		ADDITIONS/CHANGES TO OF		D DIRECTOR	RS IN 12
TITLE	P			DELETE.	1110LE				Change	Addition
NAME					1.2 NAME					
STREET ADDRESS	APPRINTY IOLAND EL ACCEA				1.3 STREET	ADORESS				ļ
CITY-ST-ZIP		ISLAND FL 32832		DELETE		7-2IP				
TITLE	ST WRIGHT,	RÍLLIE O	ļ_] ;	JELE FE	2.1 1)TLE				Change	Addition
NAME Street address		TIAN WAY			2.2 NAME 2.3 STREET	20100104				1
CITY-ST-ZIP	LICODITY IN ALID OF BOOKS				2.3 STREET					}
TITLE	***************************************			DELETE	3.1 TITLE	31-211			Change	Addition
NAME					3 2 NAME	1				
STREET ADDRESS					3.3 STREET	ADDRESS				
CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	3.4. CITY-	S1-21P		· · · · · · · · · · · · · · · · · · ·		
TITLE				DELFTE	4.1 TITLE				Change	Addition
NAME					4. 2 NAME					
STREET ADDRESS					4.3 STREET					İ
CITY-ST-ZIP				ELETE	4.4 CITY - S 5.1 TITLE	I-ZIP	, agricultura — — — — — — — — — — — — — — — — — — —		Change	Addition
NAME			m,		5.2 NAME				E Gundalike	
STREET ADDRESS					5 3 STREET	ADDRESS				
CITY-ST-ZIP					5.4 CITY - S	- 1				1
TITLE			t	DELETE	6.1 TITLE				Change	Addition
NAME .					6.2 NAME]				ļ
STREET ADDRESS					63 STREET	ADDRESS				ļ
	i				-					I

6.4 CITY-S1-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 12 or Block 13 if changed or on an attachment with an address.

FILED

Apr 03 1997 8:00am

Secretary of State