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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000060186 (1)

riley & Smith, P.A.

NAME

STREET ADDRESS City - ST - ZIP

SIGNATURE:

Principal Place of Business Mailing Address P.O. BOX 6698 2223 S. WASHINGTON AVENUE TITUSVILLE FL 32780 TITUSVILLE FL 32782-6699 3. Date Incorporated or Qualified 3a. Date of Last Report 08/11/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3262418 21 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🔲 No 24 29 Florida Statutes 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RILEY, CATHERINE A 2223 S. WASHINGTON AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE FL 32780 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 5 greature. Typera or promod menie of neg stered agent and tilla if approbable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 96/6) Change Addition THE **PSD** DELETE 1.1 TITLE NAME RILEY, CATHERINE A 1.2 NAME CR2E034 2223 S. WASHINGTON AVENUE 1.3 STREET ADDRESS STREET ADDRESS TITUSVILLE FL 32780 1.4 CITY-ST-ZIP CITY-ST-ZIE DELETE Change Addition TITLE 21 TITLE SMITH, KATHLEEN A NAME 2.2 NAME 2223 S. WASHINGTON AVENUE STREET ADDRESS 2.3 STREET ADDRESS TITUSVILLE FL 32780 CITY - ST 2. 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change \_\_\_ Addition 4.1 TITLE TOTE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE THILE

6.2 NAME

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

6.3 STREET ADORESS

64 CITY-ST-2IP

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 Statules; and that my name

Catherine A. Riley 1-2-97