FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00						FILED		
PROFIT CORPORATION			FLORIDA DEPARTMENT OF STATE			Mar 03 1997 8:00am		
1	ANNUAL REPORT		Secretary of State					
1997			DIVISION OF CORPORATIONS			Secretary of State		
1. Corporatio	ANAGEMENT CORPO	Maili 2020	400 (1) ng Address S. TAMIAMI TRAIL SOTA FL 34239-3801					
SARAGUTA FL	34233	onna	501X FL 942383801			3. Date Incorporated or Qualified	3a. Date of Last Re	port
Deline in al fi	hace of Business			-0		08/30/1994	01/30/1996	
2. Principa: P	Tace of Business	2a. N 26	failing Address			4. FEI Number 65-05 15627		plied For t Applicable
Suite, Apt	#. etc	S 27	uite, Apt. #, etc.	· · · · · ·		5. Certificate of Status Desired	See Re	
City & Stal	e	C	ity & State	····		6. Election Campaign Financing	\$5.00	May Be
23 Zip	Country	28 Z	ip	Country		Trust Fund Contribution B. This corporation has liability for	intergible tax under s.	
24	25 9. Name and Address of	29 of Current Register	red Agent	30		Florida Statutes		
	Celle, Shirley J			81 Nan				
2020 S.TAMIAMI TR 2020 S.TAMIAMI TR 62 Street Address (P.O. Box Number is Not Acceptable)								·
SARASOTA FL 34237 B3 2020 S. Tamiami trail								
				84 City				ode _
11. Pursuant	to the provisions of Sections	607 0502 and 607	1508, Florida Statut	es, the above-nam	ed corpo	ration submits this statement for the	PL 34.	239 s registered
office or r	registered agent, or both, in Im familiar with, and accept t	the State of Florida	Such change was a	authorized by the c	orporatio	on's board of directors. I hereby acce	pt the appointment as i	registered
SIGNATURE	Stgriation , typed Hinner of the	Generation and title of a	ppicable. (NOT	E: Registered Agent signa	ture tequire	d when reinstating)	2-24-9 DATE	7
12.	OFFIC	ERS AND DIRECT	ORS	13.		ADDITIONS/CHANGES TO OFFIC	the second s	0
1)TLE NAME	SHIRLEY LASCELLE		L-J PELEIE	1.1 TITLE 1.2 NAME	IL	ilie Ann Aush	XI Change	Addition 5
STREET ADDRESS	2020 S.TAMIAMI			1.3 STREET ADDRES		.020 S. TAMI		
CITY-S1-ZIP Title	SARASOTA FL 34239		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		sarasota	<u>T={.34∂39</u> □ Change	
NAME				2 1 HILE 2 2 NAME				
STREET ADDRESS				2.3 STREET ADDRES	ss			
CITY-ST-ZiF				2.4 CITY - ST - ZIP				
TITLE NAME			DELETE	3 1 TITLE 3.2 NAME	,		L_I Change	Addition
STREET ADDRESS				3.3 STREET ADDRES	s			
CITY - ST - Z-P				3.4. CITY - ST - ZIP				
T TLE MARAE			DELETE	4.1 TITLE			Change	Addition
NAME STREET ADDRESS				4. 2 NAME 4.3 STREET ADORES	s			
CITY - ST - ZIF				4.4 CITY - ST - ZIP	~			
TITLE			DELETE	5.1 TITLE			Change	Addition
NAME STREET ADORESS				5.2 NAME	~			
COY-ST-ZIF				5.3 STREET ADDRES 5.4 CITY - ST - ZIP	~			
THLE			DELETE	6.1 THTLE			Change	Addition
NAME				6.2 NAME				
STREET ADDRESS CITY - ST - ZIP				6.3 STREET ADDRES 6.4 CITY - ST - ZIP	8			
14, I do heret	t by certify that the information to indicated on the security	supplied with this	filing does not qualit	ly for the exemption	n stated	in Section 119.07(3)(i), Florida Statute ny signature shali have the same lega	s. I further certify that t	he lar oath: th-t
Lam an o	fficer or clirector of the corpo in Block 12 or Block 13 if cha	pration or the receiv	er or trustee empow	ered to execute th	is report	as required by Chapter 607, Florida (a enouries in made und Statutes; and that my na	ame
SIGNAT			ME OF BIGNING OFFICER	OR DIRECTOR	Ti	ic Ann Rush 21	24 67 941-3	1de 3553