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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P94000067682 (2)

Principal Place 2701 NW 23 BI APT K-88 GAINESVILLE F	LYD	Mailing Address P.O. BOX 4100 GAINESVILLE FL 32813-4	100		3. Date Incorporated or Qualified	i 3a. Date of Last F	Report
<b></b>					09/12/1994	05/01/1996	
2. Principal Pla ニューイコノ	ince of Bus ness INW 6th Street	2a. Mailing Address		4	4. FEI Number	<del> </del>	pplied For
21 2 1/1 Suite Ant 1	NW GIN SILEI	Suite, Apt. #, etc.			59-3268794	- \$9.75	ot Applicable Additional
2 Suit	e B	27			5. Certificate of Status Desired		lequired
City & State	esville, FL	City & State			Election Campaign Financing     Trust Fund Contribution		May Be to Fees
7 <sup>(p)</sup>	Country	Zip	Countr	у	8. This corporation has liability for		s. 199.032,
14 526	009 25 A/6c/1 cm	[29]	30]			Yes No	
	9. Name and Address of Current	Registered Agent		Name	10. Name and Address of New F	registered Agent	
	1, RICK I NW 23 BLVD		L				
	K-88	•	82	: Street Add	ress (P.O. Box Number is Not Accept	able)	
	NESVILLE FL 32605		63	,			
Q-III	TEOTICAL TE VECOO		-	1 8:		12-1 5-1	0.4.
			84	City		FL 85 Zip	Code
SIGNATURE	Segret der type der printed harve et regelten a agent ÖFFICERS AND PD		13.	jent signature requi	ired when reinstalling)  ADDITIONS/CHANGES TO OFF	DAYE FICERS AND DIRECTO	RS IN 12 Addition
NAME STREET ADDRESS	CHIN, RICK Q 2701 NW 23 BLVD APT K-88		1.2 NAME 1.3 STREE	T ADDRESS			
City-St-7iP	GAINESVILLE FL 32805	Double	1.4 CITY-	ST-ZIP			The same
nice		DELETE	2.1 TITLE			Change	Addition
NAME STREET ADDRESS			2.2 NAME	T ADDRESS			
OTY-ST-ZIP			2.4 CITY	j		r.	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	- Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS			
CITY S1-ZVP		T OF STEE	3.4 CITY				- 1000
TILE		L_) DELETE	4.1 TITLE			L. Change	
NAME .			4. 2 NAM	Į.			
STREET ADDRESS				ET ADDRESS			
CITY ST - ZIP		☐ DELETE	4.4 CITY-			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP			5.4 CITY-				
THLE		☐ DELETE	61 TITLE			Change	Addition
NAME			6.2 NAME			•	
STREET ALCORESS			6.3 STREE	ET ADDRESS			
CHY-ST 7/P			6.4 CITY-				
information Larn an of	by certify that the information supplied in indicated on this annual report or su- ficer or director of the corporation or the in Block 12 or Block 13 if changed, or or the control of	pplemental annual report is he receiver or trustee empor	true and acc wered to exe	curate and tha	at my signature shall have the same le	gal effect as if made ur	nder oath; tha

**SIGNATURE:** 

**FILED** 

May 09 1997 8:00am

Secretary of State