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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATION\$

DOCUMENT #	P940000	739	<b>315</b>	(8)

## FILED May 08 1997 8:00am Secretary of State

MARKET		Mailing Add 7434 SE 121 OCALA FL 3 US	dress TH CIRCLE						
00		00				Date Incorporated or Qualifier     10/05/1994	d 3a. t	Date of Last /01/1996	Report
<ol> <li>Principal F</li> </ol>	Place of Business	2a. Mailing 26	Address	######################################	·····	4. FEI Number 59-3268780		h	Applied For Not Applicable
Suite, Apt	#, etc.		pt. #, etc.		·····	5. Certificate of Status Desired		\$8.75	Additional Required
City & Stat	te	City & S	State			6. Election Campaign Financing		\$5.0	May Be
23   	Country	Zip		Country	7	Trust Fund Contribution  8. This corporation has liability for	or intangib	e tax under	
24	9 Name and Address of Curre	29		30		Florida Statutes  10. Name and Address of New	Yes		
MC	MAHON, MICHAEL J	em negistereo Ag	ient	81	Name	10. Haine and Address of New	Ladistale	y waant	<del></del>
	MANON, MICHAEL 3 14 SE 12TH CIRCLE							······································	<del></del>
	ALA FL 34480			82	Street Add	fress (P.O. Box Number is Not Accep	table)		
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				84	City		FI	L 85 Zir	Code
agent. 13	am tanıllar with, and accept the obli	igations of, Section	607.0505, Fi	orida Statute	y the corpora s.	poration submits this statement for thation's board of directors. I hereby according to the control of the cont	cept the ap	pontinente	
SIGNATURE.	Soyonure, bygen or privatel name of registered a		). (NOT	E Registered Ag		ation's board of directors. I hereby act lifed when renstating) ADDITIONS/CHANGES TO OF	DATE	ID DIRECTO	DRS IN 12
SIGNATURE.  12. THE	Significate bytero or privoid name of registered a OFFICERS A	agent and title if applicable		E Registered Ag		lired when re-nstating)	DATE		DRS IN 12
SIGNATURE.  12. THE	Significate byeng of proced name of registered a  OFFICERS A  P  MCMAHON, MICHAEL J  EARL OF COTA CIPCLE	agent and title if applicable	). (NOT	E Registered Ag 13. 1.1 TITLE 1.2 NAME	ent signature requ	lired when re-nstating)	DATE	ID DIRECTO	DRS IN 12
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Interpret the supplies with the information supplies with this annual report or supplemental 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