## **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

## DOCUMENT # **P94000075590 (7)**

Principal Place of Business 1214 ROXBURY DR SAFETY HARBOR FL 34695				Mailing Address 1214 ROXBURY DR SAFETY HARBOR FL 34895-4453								
								3. Date incorporated 10/10/1994	or Qualified	1	ate of Last I 23/1996	Report
Principal Pi	lace of Bus	ness	28. M	failing Address	<u></u>			4. FEI Number		U4/1		pplied For
}			26	•				59-3278955			<del></del>	ot Applicable
Suite, Apt	#, etc		h	uite, Apt. #, etc.				5. Certificate of State	us Desired			Additional
City & State			27	ity & State			·				<del></del>	equired
Ony to State	, C		28	nty di Otate				6. Election Campaig  Trust Fund Contrib	-			May Be to Fees
Ζιρ		Country		ip	C	ountry		8. This corporation h		ntangible		
]		25	29		30			Florida Statutes		Yes [	□ No	
		and Address of Curre	ent Register	red Agent		-		10. Name and Addre	ss of New Re	gistered .	Agent	
	RNES, NOR					81	Name					
	4 ROXBUR	7 DR OR FL 34695				82	Street Add	ress (P.O. Box Number is	Not Acceptab	le)		
SAL	EII (IAND	ON TE 04093				83			·			
												·
						84	City			FL	<b>85</b> Zip	Code
			•	,0000,100	i iorida Si	auuos	•	poration submits this state tion's board of directors.				
SIGNATURE 2.	Signature types	FOR printed name of registered a	igent and lide if a	ppicable II		red Ager		ired when reinstaling) ADDITIONS/CHAN	· · · · · · · · · · · · · · · · · · ·	DATE		R\$ IN 12
2.	[ <b>P</b>	OFFICERS A	igent and lide if a	ppicable II	NOTE: Registe	red Ager		ired when reinstaling)	· · · · · · · · · · · · · · · · · · ·	DATE		
Z. TLE AME	P BARNES	OFFICERS A	igent and lide if a	pplicable II	NOTE: Registe 13 1.1	red Ager B. TITLE NAME	nt signature requ	ired when reinstaling)	· · · · · · · · · · · · · · · · · · ·	DATE	DIRECTO	
2. The Ame Treet address	P BARNES 1214 RO	OFFICERS AT , NORMAN XBURY DR.	igent and lide if a	pplicable II	NOTE: Registe 1.1 1.1 1.2	red Ager 3, TITLE NAME STREET	nt signature requ	ired when reinstaling)	· · · · · · · · · · · · · · · · · · ·	DATE	DIRECTO	
2. Dile Ame Treet address Tity-S)-Zip	P BARNES 1214 RO	OFFICERS A	igent and lide if a	pppkcable R ORS DELETE	NOTE: Registe 13 1.1 1.2 1.3	red Ager B. TITLE NAME STREET A	nt signature requ	ired when reinstaling)	· · · · · · · · · · · · · · · · · · ·	DATE	DIRECTO Change	Addilio
2. The Ame Treet address	P BARNES 1214 RO SAFETY V	OFFICERS AT , NORMAN XBURY DR.	igent and lide if a	pplicable II	NOTE: Registe  13 1.1 1.2 1.3 1.4 2.1	red Ager 3, TITLE NAME STREET	nt signature requ	ired when reinstaling)	· · · · · · · · · · · · · · · · · · ·	DATE	DIRECTO	Addition
Z. TLE  AME  IRFEL ADDRESS ITY-S1-ZIP TLE  AME	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	pppkcable R ORS DELETE	NOTE: Register  13 1.1 1.2 1.3 1.4 2.1	TITLE NAME STREET CITY-ST TITLE NAME	nt signature requ	ired when reinstaling)	GES TO OFFIC	DATE	DIRECTO Change	Addilio
2. INTE  AME  IRELI ADDRESS  ITY-SY-ZIP  GLE	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T	igent and lide if a	pprecable R ORS DELETE	NOTE: Registe  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3	TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS 1- ZIP ADDRESS	ired when reinstaling)	· · · · · · · · · · · · · · · · · · ·	DATE	DIRECTO Change	Addition
2.  AME IREEL ADDRESS ITY-ST-ZIP ITEEL ADDRESS ITY-ST-ZIP ITEEL ADDRESS ITY-ST-ZIP ITEEL	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	pppkcable R ORS DELETE	NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4	NAME STREET A TITLE NAME STREET A TITLE NAME STREET CITY-ST TITLE CITY-S TITLE	ADDRESS 1- ZIP ADDRESS	ired when reinstaling)	GES TO OFFIC	DATE	DIRECTO Change	Addilio
Z.  TLE  AME  IREEL ADDRESS  ITY-S1-ZIP  TLE  AME  IREEL ADDRESS  ITY-S1-ZIP  TLE  AME	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	pprecable R ORS DELETE	NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1	TITLE NAME STREET: OTTLE NAME STREET: TITLE NAME STREET: CITY-ST	ADDRESS ZIP ADDRESS T- ZIP	ired when reinstaling)	GES TO OFFIC	DATE	DIRECTO Change Change	Addilio
Z.  AME  IRELI ADDRESS  ITY-ST-ZIP  ITE  AME  IRELI ADDRESS  ITY-ST-ZIP  ITE  AME	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	pprecable R ORS DELETE	NOTE: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3	TITLE NAME STREET : CITY-ST TITLE NAME STREET : CITY-S TITLE NAME STREET : NAME STREET :	ADDRESS (-ZIP ADDRESS T-ZIP ADDRESS	ired when reinstaling)	GES TO OFFIC	DATE	DIRECTO Change Change	Addition
2.  AME IRELI ADDRESS ITY-ST-ZIP ITLE  AME IRELI ADDRESS ITY-ST-ZIP ITLE  AME	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	ppecable R ORS DELETE DELETE	NOTE: Register 13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4	TITLE NAME STREET: OTTLE NAME STREET: TITLE NAME STREET: CITY-ST	ADDRESS (-ZIP ADDRESS T-ZIP ADDRESS	ired when reinstaling)	GES TO OFFIC	DATE	DIRECTO Change Change Change	Addition
Z.  THE  MME  REEL ADDRESS TY-S1-ZIP  THE  MME  REEL ADDRESS TY-S1-ZIP  THE  MME  MME  MME  MME  MME  MME  MME	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	pprecable R ORS DELETE	NOTE: Register  13 1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.1	red Ager  TITLE NAME STREET : CITY-ST TITLE NAME STREET : CITY-S TITLE NAME STREET : CITY-S TITLE	ADDRESS (-ZIP ADDRESS T-ZIP ADDRESS	ired when reinstaling)	GES TO OFFIC	DATE	DIRECTO Change Change	Additio
Z. TLE  AME IREEL ADDRESS ITY-ST-ZIP TLE  AME IREEL ADDRESS TY-ST-ZIP TLE  AME IREEL ADDRESS ITY-ST-ZIP	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	ppecable R ORS DELETE DELETE	NOTE: Register 13 11 12 13 14 14 21 12 22 23 34 31 32 34 41 42	TITLE NAME STREET LCHY-ST TITLE NAME STREET LCHY-ST TITLE NAME STREET LCHY-S TITLE NAME STREET LCHY-S TITLE NAME STREET LCHY-S TITLE	ADDRESS (-ZIP ADDRESS T-ZIP ADDRESS	ired when reinstaling)	GES TO OFFIC	DATE	DIRECTO Change Change Change	Additio
Z.  ILE  MME  REEL ADDRESS  TY-S1-7/P  ILE  MMI  REEL ADDRESS	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	ppricable R ORS DELETE  DELETE	NOTE: Register 13 11 12 13 14 21 22 23 24 31 32 34 41 42 43	TITLE NAME STREET LCHY-ST TITLE NAME STREET LCHY-ST TITLE NAME STREET LCHY-S TITLE NAME STREET LCHY-S TITLE NAME STREET LCHY-S TITLE	ADDRESS (-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ired when reinstaling)	GES TO OFFIC	DATE	DIRECTO Change Change Change	Additio
Z.  ILE  MME  REEL ADDRESS  TY-S1-7/P  ILE  MME  REEL ADDRESS  TY-S1-7/P  ILE  MME  REEL ADDRESS  TY-S1-7/P  ILE  MMI  REEL ADDRESS  TY-S1-7/P  ILE  MMI  REEL ADDRESS  TY-S1-7/P  ILE	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	ppecable R ORS DELETE DELETE	NOTE: Register 13 11 12 13 14 14 21 13 14 14 14 14 14 14 14 14 14 14 14 14 14	TITLE NAME STREET LITTLE RAME STREET LITTLE RAME STREET LITTLE TITLE	ADDRESS (-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ired when reinstaling)	GES TO OFFIC	DATE	DIRECTO Change Change Change	Additio
REEL ADDRESS TY-S1-7/P THE MALE ME REEL ADDRESS TY-S1-7/P THE MALE MEEL ADDRESS TY-S1-7/P THE MALE MEEL ADDRESS TY-S1-7/P THE MALE MALE MALE MALE MALE MALE MALE MAL	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	ppricable R ORS DELETE  DELETE	NOTE: Register 11 12 13 14 12 13 14 12 13 14 12 13 14 14 15 11 15 15 15 15 15 15 15 15 15 15 15	TITLE NAME STREET CHY-ST TITLE NAME STREET CHY-ST TITLE NAME STREET CHY-S TITLE RAME STREET CHY-S TITLE CHY-S TITLE NAME STREET CHY-S TITLE NAME STREET TITLE NAME	ADDRESS [-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS J-ZIP  ADDRESS J-ZIP	ired when reinstaling)	GES TO OFFIC	DATE	Change  Change  Change	Additio
REEL ADDRESS TY-SI-ZIP THE THE TADDRESS TY-SI-ZIP THE THE TADDRESS TY-SI-ZIP THE THE TADDRESS TY-SI-ZIP THE THE TADDRESS TY-SI-ZIP THE TADDRESS TY-SI-ZIP THE TADDRESS TY-SI-ZIP THE TADDRESS TY-SI-ZIP THE TADDRESS	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	ppricable R ORS DELETE  DELETE	NOTE: Register  13 11 12 13 14 21 22 23 24 31 32 34 41 42 43 44 51 52	TITLE NAME STREET LITTLE NAME STREET LITTLE NAME STREET LITTLE NAME STREET LITTLE LITTLE NAME STREET LITTLE NAME STREET LITTLE NAME STREET LITTLE NAME STREET NAME STREET NAME STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinstaling)	GES TO OFFIC	DATE	Change  Change  Change	Additio
REEL ADDRESS TY-S1-7/P THE THE TADDRESS TY-S1-7/P	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	DELETE  DELETE  DELETE  DELETE	NOTE: Register  13 11 12 13 14 21 22 23 24 31 32 34 41 42 43 51 52 53	TITLE NAME STREET ITTLE NAME STREET ITTLE NAME STREET CITY-ST TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinstaling)	GES TO OFFIC	DATE	Change Change Change Change	Additio
ELE  AME  REEL ADDRESS TY-S1-ZIP  ILE  MAE  MAE  REEL ADDRESS TY-S1-ZIP  ILE  MAE  MAE  MAE  MAE  MAE  MAE  MAE  M	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	ppricable R ORS DELETE  DELETE	NOTE: Register  13 11 12 13 14 21 22 23 24 31 32 34 41 51 52 53 54	TITLE NAME STREET CITY-ST TITLE NAME STREET LCITY-S TITLE NAME STREET TITLE NAME STREET TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinstaling)	GES TO OFFIC	DATE	Change  Change  Change	Additio
Z.  THE  AME  IREET ADDRESS  TY-S1-ZIP  THE  AME  IREET ADDRESS  TY-S1-ZIP  THE  AME  IREET ADDRESS  TY-S1-ZIP  THE  AMI  IREET ADDRESS	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	DELETE  DELETE  DELETE  DELETE	NOTE: Register  13 11 12 13 14 21 22 23 24 31 32 34 41 51 52 53 54	TITLE NAME STREET LITTLE NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	ired when reinstaling)	GES TO OFFIC	DATE	Change Change Change Change	Addition  Addition  Addition  Addition
Z. THE AME IREEL ADDRESS TY-ST-ZIP THE	P BARNES 1214 RO SAFETY V BARNES 1214 RO	OFFICERS A , NORMAN XBURY DR. HARBOR FL 34695 , MARYLIN T XBURY DR	igent and lide if a	DELETE  DELETE  DELETE  DELETE	NOTE: Register  13 11 12 13 14 21 22 23 24 3.1 32 34 41 42 4.3 51 52 63	TITLE NAME STREET LITTLE NAME	ADDRESS (-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP	ired when reinstaling)	GES TO OFFIC	DATE	Change Change Change Change	Addition

SIGNATURE:

Daytime Phone #

**FILED** 

Apr 04 1997 8:00am

Secretary of State

0458063