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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P94000076601 (	1

## FILED May 02 1997 8:00am Secretary of State

8000 PINE NEI	IPPERS, INC.  DOLE LANE JANE 1, 12804	Mailing Address <b>9000 PINE NEDDI</b> <b>WEST MELBOURI</b>	LE LANE	7	······································					
							Date Incorporated or Qualified 10/17/1994		ate of Las 29/1990	
2. Principal F	lace of Business	2a. Mailing Addr	ress		······································	4.	FEI Number	··· 1		Applied For
21	II as I a	26					59-3275107		·———	Not Applicable
Suite, Apt	#, etc.	Suite, Apt #,	, <del>U</del> IG.			5.	Certificate of Status Desired			5 Additional Required
City & Stat	le	City & State	<del></del>		******	6.	Election Campaign Financing	·		00 May Be
23		28	~ <del></del>		···		Trust Fund Contribution			ed to Fees
Z(p	Country	Zip		ountry		8.	This corporation has liability for			r s. 199.032,
24	25 9. Name and Address of Curre	29 29 Accept	30	<del></del>	·	10	Florida Statutes  Name and Address of New I	Yes Registered		
ממ	OPPE, ROBERT G	in registered Mailt	······································	81	Name		Interior and Vontage of 140M i	Aistaian	- HOLK	
	O PINE NEEDLE LANE			82	Street Adde	acc /D	O. Box Number is Not Accept	able)		
	ST MELBOURNE FL 32904				STEEL AUGI	200 (P	. С. Бох панные: із пог мосері	aule)		
				83						
				84	City				85 Z	ip Code
	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	1007 4500 51	<del></del>	411	<u> </u>			FL		<del></del>
SIGNATURE  12.	Stgnature, typed or printed name of registered ag OFFICERS AN	ID DIRECTORS	13	·····	ent signature require		reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIDECT	
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	GROPPE, ROBERT G			TITLE NAME			ADDITIONS/OFFAINGES TO OFF	TOLING AIT	Chan	
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4. For necesty certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(a)(j), Florida Statutes. I further certify that the 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 Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attact ment with an address.

SIGNATURE:

HATURE AND TYPED OR PRINTED NAME OF MONING OFFICER ON DIRECTOR

4/24/87

407-676-2349

ne Phone #