## 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 # P94000083725 (9)

Second   S	Principal Plac 3273 MEADOW VENICE FL 342	RUN DR	Mailing Address 3273 MEADOW RUN I VENICE FL 34283-143		·			
22   Maing Address   28   Maing Address   29   Maing Address   30   Management   30   Management   35   Maing Management   36   Maing Manag								
Supplied		lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>
City & State	21	# ata	<del></del>				65-0536755	
City 6 State   Country 2   Country 2   Country 2   Country 2   Country 2   Country 3   Country 3   Country 3   Country 3   Country 3   Country 4   Country 4   Country 4   Country 4   Country 5   Country 5   Country 6   Country 6   Country 6   Country 6   Country 6   Country 7   Cou	22	#, titt		•			5. Certificate of Status Desired	
24]	City & State	0					, , ,	
25   26   30   Florida Statutes   DC Yes   No	<b>23</b>	Country			Country	····	<del>-  </del>	
LARIVERE, MAURICE L 3273 MEADOW RUN DRIVE VENICE FL 34293  10. Foresand to the previsions of Sections 607 0502 and 607 1508. Foreida Statutes, the above-named corporation submiss this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered such as the following the corporation's board of directors. Hereby accept the appointment as registered such as the following the corporation's board of directors. Hereby accept the appointment as registered such as the following the province agent and accept the obligations of Section 607 0505, Florida Statutes.  12.	24	ê '	<del> </del>	h1				
LARVERER, MAURICE L  3273 MEADOW RUN DRIVE VENICE FL 34283  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL 85 Zip Code  11. Fursiant to the presistoric of Socians 607.0502 and 607.1508, Florida Statules. The above-named corporation submits this statement for the purpose of changing its registered agent. I am iteralists with, and accept the obligations of, Socianic 607.0505, Florida Statules.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE PARMERE, MAURICE L  3273 MEADOW RUN DR  1.3 SIREET ADDRESS  GITY-S1-72P  LARVERER, MAURICE L  3273 MEADOW RUN DR  1.3 SIREET ADDRESS  CITY-S1-72P  LARVERER, MAURICE L  3273 MEADOW RUN DR  1.3 SIREET ADDRESS  CITY-S1-72P  LARVERER, MAURICE L  3273 MEADOW RUN DR  1.3 SIREET ADDRESS  CITY-S1-72P  LARVERER, MAURICE L  3273 MEADOW RUN DR  1.3 SIREET ADDRESS  CITY-S1-72P  LARVERER, MAURICE L  3273 MEADOW RUN DR  1.3 SIREET ADDRESS  CITY-S1-72P  LARVERER, MAURICE L  3273 MEADOW RUN DR  1.3 SIREET ADDRESS  CITY-S1-72P  LARVERER, MAURICE L  3273 MEADOW RUN DR  1.3 SIREET ADDRESS  CITY-S1-72P  LARVERER, MAURICE L  3273 MEADOW RUN DR  1.3 SIREET ADDRESS  CITY-S1-72P  LARVERER, MAURICE L  3274 MEADOW RUN DR  1.3 SIREET ADDRESS  CITY-S1-72P  LARVERER, MAURICE L  3275 MEADOW RUN DR  1.3 SIREET ADDRESS  CITY-S1-72P  LARVERER, MAURICE L  3275 MEADOW RUN DR  1.3 SIREET ADDRESS  CITY-S1-72P  LARVERER, MAURICE L  3276 MEADOW RUN DR  1.4 CITY-S1-72P  LARVERER, MAURICE L  3276 MEADOW RUN DR  1.4 CITY-S1-72P  LARVERER, MAURICE L  3278 MEADOW RUN DR  1.5 SIREET ADDRESS  CITY-S1-72P  LARVERER, MAURICE L  3278 MEADOW RUN DR  1.4 CITY-S1-72P  LARVERER, MAURICE L  3278 MEADOW RUN DR  1.5 SIREET ADDRESS  CITY-S1-72P  LARVERER, MAURICE L  328 SIREET ADDRESS  CITY-S1-72P  LARVERER, MAURICE L  329 SIREET ADDRESS  CITY-S1-72P			nt Registered Agent				10. Name and Address of New Re	gistered Agent
Fig.   State					81	Name		,
11. Fursional to the provisions of Sections 607 (502 and 607 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607 (505, Florida Statutes.)    13.					82	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)
1. Pursuant to the provisions of Socions 607.0507 and 607.1508, Forida Statutes, the above-named corporation submits this statement for the purpose of changing its registered algert. I am familiar with, and accept the obligations of. Socion 607.0505, Florida Statutes   SIGNATURE	VENI	IUE PL 34283			83	<del></del>		
1. President to the previsions of Socions 607/0502 and 607 1508. Florida Statutes, the above-named corporation submit his statement for the purpose of changing its registered office or registered agent. I am lamiliar with, and accept the obligations of. Socion 607.0505, Florida Statutes.    Signal Usa   Socion 607.0505, Florida Statutes.   Socion 607.0505, Florida Statutes.					84	City		85 Zip Code
SIGNATURE	44 Durawant	to the provisions of Soctions 607 050	2 and 607 1608 Elorida S	totuton the		named core	aration cultimite this statement for the	
SIGNATURE	office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida Such change of ations of Section 607.050	vas authori 5. Florida S	ized by Statutes	the corporati	ion's board of directors. I hereby acce	pt the appointment as registered
12.								
THE     Change   Addition			·····			nt signature require		
LARVIERE, MAURICE L   12 NAME   13 STREET ADDRESS   14 CHTY-ST-27P   17		·			~		ADDITIONS/CHANGES TO OFFIC	
STREET ADDRESS   CHY-ST-ZIP   VENICE FL 34293-1430		•	O.C.					
CITY - ST - ZIP   VENICE FL 34293-1430						ADDRESS		
TITLE	1							
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City   St. 73P	STREET ADDRESS	Ė		2.3	3 STREET	ADDRESS		
STREEL ADDRESS	CUTY: \$1-ZUP			2.	4 CITY-S	T - ZIP		•*
STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP	HILF		DELET	3	1 TITLE			Change Addition
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A 2 NAME	City - ST - ZIP				4. CITY-S	T-ZIP		
A 3 STREET ADDRESS   A 4 CITY-ST-ZIP   A 4 CITY-ST-ZIP	गाह		L_) DELETI	4.	.1 TITLE			Change Addition
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CITY C1 7ID	STREET ADDRESS							

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address.

SIGNATURE

1/3/97 (941) 497-0629
ING OFFICER OF DIRECTOR

1/3/97 (941) 497-0629

Despring Proces

RSE034 (9/96)

**FILED** 

Apr 15 1997 8:00am

Secretary of State