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 # P94000085030 (2)

Principal Place 602 N. DIXIE H LANTANA FL S	₩Y.	Mailing Ac 602 N. DIXI LANTANA I		· · · · · · · · · · · · · · · · · · ·						
							3. Date Incorporated or Qualified 11/18/1994	3a. Date of L 08/12/19		porl
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number	1 00/12/18		plied For
21		26					65-0539146	<u> </u>		Applicable
Suite, Apt	#, elc.	Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
City & State		27	.dd				·	F	ee Rec	·
23	9	<u> </u>	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Z _{(D}		Cou	ntry		8. This corporation has liability for			
24	25	29		30	ĺ			Yes No	ODI O.	100.002,
	9. Name and Address of Curren	t Registered A	gent				10. Name and Address of New Re	gistered Agent		
	IARD, DENNIS R			ĺ	81	Name				ĺ
	N. DIXIE HWY.					Street Addre	ess (P.O. Box Number is Not Acceptate	ole)		
LAN	TANA FL 33462			ł	83	· · · · · · · · · · · · · · · · · · ·				
				į	03					
					84	City		FL 85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.050.	2 and 607,1508	. Florida Statu	es. the at	[DOVE	a-named corpo	oration submits this statement for the p	ourpose of chance	aina its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida Such	change was	authorized	d by	the corporation	on's board of directors. I hereby acce	ot the appointme	nt as r	egistered
SIGNATURE										ļ
	Signature, typed or printed name of registered age		ic (NO)		Age	int signature require		DATE		
12.	OFFICERS ANI	D DIRECTORS	Doct	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D Ranard, Dennis R		☐ DELETE	1.1 10		ļ		[_] Ch	ange	Addition
NAME STREET ADDRESS	602 N. DIXIE HWY.			1.2 NA		ADDRESS				1
CITY-ST-ZIP	LANTANA FL 33482			1.4 01		ĺ				
TITLE	E-MININI E GOTOE		DELETE	2.1 711		1 · Zir		☐ Ch	ange	L. Addition
NAME			_	22 NA		}			٠	
STREET ADDRESS				2.3 \$1	REE1	ADDRESS				}
CITY-ST-ZIP				2. 4 CI	TY-5	ST-ZIP				
TITLE			DELETE	3.1711	LE			☐ Ch	ange	Addition
NAME				3.2 NA	ME	Ì				}
STREET ADDRESS				3.3 FT	REET	ADDRESS				l
CITY-ST-ZIP			Dries/			S1 - ZIP		——————————————————————————————————————		-
TITLE	·		DELETE	4.1 1/1		1		L_J Ch	ange	Addition
NAME				4.2N						
STREET ADDRESS						ADDRESS				ł
CITY-ST-ZIP TITLE			DELETE	4.4 ÇI 5 1 TII		1-711	······································	☐ Ch	ange	Addition
NAME				5.2 NA	-			, , , , , , , , , , , , , , , , , , ,	- 184	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				1		T-ZiP				ſ
TITLE 1534		·	DELETE	6.1 717				Ch	ange	Addition
				6.2 NA	ME	Į				{
STREET ADDRESS				6.3 \$1	REET	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 eath; 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

FILED

May 08 1997 8:00am

Secretary of State