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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

193	90 11 18					

## FILED May 15 1997 8:00am Secretary of State

Principal Place of Business 21030 LOCKHART ROAD DADE CITY FL 33525  POSTUMENT # P9400086032 ( P9400086032 ( Mailing Address 21030 LOCKHART ROAD DADE CITY FL 33525			dress KHART ROAD	<b>AD</b>					
						3. Date Incorporated or Qualified 11/17/1994	,	e of Last R 1/1996	Report
	Place of Business	2a. Mailing	Address			4. FEI Number		Ar	oplied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.			59-3288869			ot Applicable Additional
2	. n <sub>1</sub> 616.	27	ιρι: π, 010.			5. Certificate of Status Desired			Aggillonai equired
City & Sta	le	City & S	State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6. Election Campaign Financing	r-,		May Be
Zip	Country	28 Zip	<del></del>	Country	<u> </u>	Trust Fund Contribution			to Fees
24	25	29		30	,	This corporation has liability for Florida Statutes	Yes []		. 199.032.
	9. Name and Address of C	urrent Registered Ag	jent			10. Name and Address of New F	Registered A	gent	
	PROW, JEANNE H			81	Name				
	030 LOCKHART ROAD DE CITY FL 33525		82 Street Ad		Street Add	ddress (P.O. Box Number is Not Acceptable)			
UA	DE OILL LE 30020			83			····	<del></del>	
				84	City		·····	85 Zip	Code
				1	[ 4,		FL		
office or agent. La	t to the provisions of Sections 60. registered agent, or both, in the am familiar with, and accept the o	7.0502 and 607.1508, State of Florida. Such obligations of, Section	Florida Statut change was i 607.0505, Flo	es, the abov authorized b orida Statute	re-named cor by the corpora is.	rporation submits this statement for the ation's board of directors. I hereby acc		hanging il intment as	ts registered registered
SIGNATURE	Signature typical or printed name of register OFFICER:	red agent and title if applicable S AND DIRECTORS				rporation submits this statement for the ation's board of directors. I hereby accounted when reinstating)  ADDITIONS/CHANGES TO OFF	purpose of copt the appointment of the purpose of copt the appointment of the purpose of the pur		
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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 12 of Englanged, or on an attachment with an address.

SIGNATURE:

THE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30.97 352583-2634

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