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 # P94000088529 (0)

THREE RIVERS OF BROOKSVILLE, INC.

15520 CORTEZ BLVD. 15520 CORTE	Z BLVD.
PROOKSVILLE FL 34813 BROOKSVILL	E FL 34613-6151

FILED May 09 1997 8:00am Secretary of State



			2									
								3. Date Incorporated or Qualified 12/05/1994	3a. Da	te of t)8/19		eport
2. Principal Place of Business			} ₇	2a. Mailing Address				4. FEI Number				plied For
21			26					59-3286895		[t Applicable
Suite, Apt.	#, etc.	⊢ _ `	Suite, Apt. #, etc.				5. Certificate of Status Desired	П			Additional	
22		27					Tr Corpusors of States (200med		F	ee Re	quired	
City & State	е	F¬ ′	City & State				6. Election Campaign Financing				May Be	
23 Zin		Saurata .	28					Trust Fund Contribution	<u>LJ</u>	A	dded 1	o Fees
Zip 24		Country	Zip		Cour	ntry		8. This corporation has liability for i			der s.	199.032,
24]	25 Same and 4	Address of Currer	29		30				Yes [
DUID			ir Hadistalad W	Agur		B1	Name	10. Name and Address of New Re	Bissesed 1	4gent		
	NIČK, WALLACE JIDWAY ISLAND					٠.	Ivalue					
						82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
) OLE	ARWATER FL 34	1030			-	83						
						03						
					<u> </u>	84	City			85	Zip (Code
de Diament	A	(0		<u></u>					FL	1 1	,	
office or r	to the provisions o egistered agent, o	t Sections 607.050 r both, in the State	l2 and 607.1508 ⊢of Florida_Suct	, Florida Statul i change was	tes, the ab authori≯ed	ove Hv	e-named co	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of	chang	ging it:	s registered
agent. I a	m familiar with, an	d accept the oblig	ations of Section	n 607.0505, FI	orida Statu	ıtes	55/ po i	Sound of disposing, I moreby decep	ano app	on to the		- ogistorou
SIGNATURE			· · · · · · · · · · · · · · · · · · ·		·							
12.	Signature, typed or printe	of name of registered agr		le. (NO1		Ager	nt signature red	quired when reinstating)	DATE			
TITLE	ST	OFFICERS AN	DURECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
NAME	RUDNICK, WA	LLACE		Dittil	1.1 1111					☐ Ch	ange	Addilion
	12 SPRUCE PI				1.2 NA							
STREET ADDRESS	GREAT NECK						ADDRESS					
CITY-ST-ZIP TITLE	D D	111 11021	·	DELETE	1.4 CIT		1 - 7IP					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	RUDNICK, PAL	n		□ Detere	21 1110					L Chi	ange	Addition
NAME	15520 CORTE				2.2 NA		İ					
STREET ADDRESS	BROOKSVILLE						ADDRESS					
CITY-ST-ZIP	DUONOVILLE	FL 34013	·····	No.	2. ₫ CIT		1 - ZIP					
TITLE	A A			DELETE	3.1 1/11					Cha	ange	Addition
NAME	RUDNOK, KEN				3.2 NA	MΕ						
STREET ADDRESS	12 SPRUCE PI				3.3 STR	REET A	ADDRESS					
CITY-ST-ZIP	GREAT NECK	NT 11021			3.4 CII		T-ZIP					
TITLE				DEFELE	4.1 7(1)					L Cha	ange	Addition
NAME					4. 2 NA	ME						
STREET ADDRESS					4.3 STR	REETA	ADDRESS					
CITY-ST-ZIP			 		4.4 CIT	Y-ST	r- Z IP					
TITLE				DELETE	5.1 1111	.E.				Cha	ange	Addition
NAME					5.2 NAN	νE						
STREET ADDRESS					5.3 STR	EET A	ADDRESS					
CITY-ST-ZIP					5.4 CITY	Y-81	- ZIP					
TITLE				DELETE	611111	.E				Cha	ange	Addition
NAME					6.2 NAN	ΛE	1					
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					64 C(I)							

4. 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 trusted 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.

CICHATURE.