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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400089034 (0)

FILED Apr 28 1997 8:00am Secretary of State

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BROOKSVILLE FL 34609 83 84 City FL 85 Zip Codo 11. Pursavent to the provisions of Sectors 507 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or holfs, in the State of Florida Statutes, the above-named corporations authorized by the corporation's board of directors. I hereby accept the appointment as registered agent or holfs, in the State of Florida Statutes. SIGNATURI SIGNATURI 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. PAYNE, JEANNE A 12. OF FICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. PAYNE, JEANNE A 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. SIREFT ADDRESS SIREFT ADDRESS CHY-SI-ZP INTE DELETE 2 TITLE Change Addition OFFICERS AND DIRECTORS IN 12. 22. SIREFT ADDRESS CHY-SI-ZP INTE DELETE 3. TITLE Change Addition OFFICERS AND DIRECTORS IN 12. 22. SIREFT ADDRESS CHY-SI-ZP INTE DELETE 3. TITLE Change Addition OFFICERS AND DIRECTORS IN 12. 22. SIREFT ADDRESS CHY-SI-ZP INTE DELETE 3. TITLE Change Addition OFFICERS AND DIRECTORS IN 12. 22. SIREFT ADDRESS CHY-SI-ZP INTE Change Addition OFFICERS AND DIRECTORS IN 12. 23. SIREFT ADDRESS CHY-SI-ZP INTE Change Addition OFFICERS AND DIRECTORS IN 12. 24. ADITY-SI-ZP OFFICERS AND DIRECTORS IN 12. 25. SIREFT ADDRESS CHY-SI-ZP INTE Change Addition Change Additio					81	Name					
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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 13 if changed, or on an attachment with an address.

SIGNATURE:

HIGHTURE AND TYPED OR PRINTED HAME OF SIGNING

Jeanne A. Payne

2/17/97

799-4469

Daytime Phone #