AMOUNT DUE COF ANNU	DTICE: CORPORATION WILL BE ON OR BEFORE 9/17/97: \$550 (IF D PROFIT RPORATION JAL REPORT 1997	FLORIDA	TER SEPTEMBI DUNT DUE TO REI DEPARTMENT C Indra B. Mortha Secretary of State DN OF CORPORA	NSTATE: \$750. DF STATE IM	FILED Sep 12 1997 8:00am Secretary of State		
	VD.		4)		DO NOT WR	ITE IN THIS SPACE	
					 Date Incorporated or Qualifie 12/27/1994 	d 3a. Date of Last 08/30/1996	Report
2. Principal Place of Business		2a. Mailing Addre	2a. Mailing Address		4. FEI Number		pplied For
Suite, Apt. #, etc.				65-0553385	60 7E	lot Applicable	
Sulte, Apl.	π, θ(β.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution			
Zip	Country 25	Ζιρ 29	30	dry	 This corporation owes or has Personal Property Tax due Ju 	· _ ·	ntangible
	9, Name and Address of Cur				10. Name and Address of New		
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the St m familiar with, and accept the ob	1502 and 607, 1508, Florida ate of Florida. Such chang ligations of, Section 607.0		84 City ove-named cor by the corpora itos.	poration submits this statement for th ation's board of directors. I hereby ac	FL []	Code its registered s registered
SIGNATURE	Signature, typed or printed name of registered	epont and litle if applicable.	(NOTE Registered	Agent signature requ	uired when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
TITLE NAME STREET ADDRESS			1.2 NA 1.3 STF	AE EET ADDRESS		L Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DEL	ETE 2.1 TITL 2.2 NAV	i i		Change	Addition
<u>City-st-zip</u> Title Name		L. J DEL				Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE		DEL	3 4. CIT	EET ADDRESS Y-S1-ZIP		Change	Addition
NAME STREET ADDRESS			4. 2 NA 4.3 STR	me Eet address			
<u>CITY-ST-ZIP</u> TITLE NAME STREET ADDRESS		DEL.	ETE 5.1 TITL 5.2 NAI	1		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS		DEL.	ETE 6.1 TITL 6.2 NAM			Change	Addition
CITY-ST-ZIP	by certify that the information support in indicated on this annual report flicer or director of the corporatio n Block 12 or Block 13 if changed	blied with this filing does no or supplemental annual re or the receiver or trustee , or on an attachmont with	6.4 CIT	(- S]- ZIP	d in Section 119.07(3)(i), Florida Stat at my signature shall have the same le ort as required by Chapter 607, Florid	utes. I further certify tha agal effect as if made u a Statutes; and that my	t the nder oath; name