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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

## 1997

DIVISION OF CORPORATIONS

**FILED** Apr 16 1997 8:00am Secretary of State

|  | MENT #   | V   | 4500   | )()()(X  |  | <b>b</b>   |  |   |
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| DES  | BIE O, INC.  |   |  |  |  |  |  |   |
|  | ce of Business<br>MEMAKY (N  | Maiting A   | ddress<br>MEMOA  | iy en  |  |  |  |   |
|  | WUILLE FL  |   | LSGN 116C  |  |  |  |  |   |
| O / / CRUS   | 34210  | •   |  | 34410  | •  | 3. Date Incorporated or Qualified  | 3a. Date of La   | ast Report  |
| 2. Principal F   | Place of Business  | 2a, Mailin  | g Address  |  |  | 4. FEI Number 59+ 32+ 6996   |  | Applied For<br>Not Applicable                                       |
| Suite, Apt   | #, etc.  | Suite,  | Apt. #, etc.   |  |  | 5. Certificate of Status Desired   | 1 1 7  | 75 Additional se Required   |
| City & Stat  | te   |   | State  |  |  | Election Campaign Financing  | \$5  | .00 May Be  |
| 23 <br>  | Country  | <b>28</b> Zip   |  | Country  |  | Trust Fund Contribution  8. This corporation has liability for                   | intangible tax und   | ded to Fees<br>der s. 199.032,                                      |
| 24]  | 9. Name and Address of   | Current Registered  | haent  | 30   |  | Florida Statutes  10. Name and Address of New Re                                 | Yes No   |   |
|  | a. Hame and Address of   | Carrent Langistered t   | Asim   | 81 N   | lame   | . S. HERRE BIN NAME SOF VI HER IN  | -Figurian URbill   |   |
| OLIVE  | R, T. CHARLES  | TK.   |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |  |   |
| 1753   | R, T. CHARLES<br>MEMORY CN   | _   |  | 83   | <del></del>  |  |  |   |
| TACKS  | onville Fl 3   | 4410  |  |  | City   | y B5 Zip Code  |  |   |
|  |  |   |  |  |  |  |  |   |
| 11. Pursuant office or   | to the provisions of Sections e<br>registered agent, or both, in the   | 607.0502 and 607.150<br>ne State of Florida, Suc  | 8, Florida Statut<br>h change was i                      | es, the above-n<br>authorized by th  | amed corpora                                       | poration submits this statement for the tion's board of directors. I hereby acce | purpose of chang<br>opt the appointmen   | Ing its registered<br>nt as registered                              |
| office or<br>agent. I a  | to the provisions of Sections to<br>registered agent, or both, in the<br>am familiar with, and accept the  | 607.0502 and 607.150<br>ne State of Florida. Suc<br>le obligations of, Secti  | 8, Florida Statut<br>ch change was a<br>on 607.0505, Flo | es, the above-nauthorized by thorida Statutes.   | amed corpora                                       | poration submits this statement for the tion's board of directors. I hereby acce | purpose of chang<br>opt the appointmen   | Ing its registered<br>nt as registered                              |
| 11. Pursuant<br>office or<br>agent. La<br>SIGNATURE  | registered agent, or both, in the familiar with, and accept the Signature Typed or printed name of regions.  | ne State of Florida. Suc<br>the obligations of, Section of the state of t | ch change was on 607.0505, Flo                           | Buthorized by tho<br>oride Statutes.<br>E: Registered Agent s  | e corpora  | ition's board of directors. I hereby acce<br>ired when reinstating)              | DATE   | nt as registered  |
| office or<br>agent. I a<br>SIGNATURE<br>12.  | registered agent, or both, in the familiar with, and accept the Signature Typed or printed name of regions.  | ne State of Florida. Suc<br>ne obligations of, Secti  | ch change was a<br>on 607.0505, Fla<br>ble. (NOT         | authorized by thorida Statutes.  E: Registered Agent s   | e corpora  | tion's board of directors. I hereby acce   | DATE CERS AND DIREC  | CTORS IN 12   |
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