## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 04 1997 8:00am

Secretary of State

Daylime Phone #

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500002674 (6)

976 INC-

SIGNATURE:

Principal Place	e of Business	Mailing Address	Address				<b>Fo</b> ia <b>Jo</b> ia Heid et		
1440 JF KENNEDY CAUSEWAY STE. 301 1440 JF KENNED NO. BAY VILLAGE FL 33141 NO. BAY VILLAGE			y Causeway Ste. 301 E FL 33141						
						3. Date Incorporated or Qualified 01/11/1995	3a. Date of Last Report 05/01/1996		
	lace of Business	2a. Mailing Addre	ess			4. FEI Number			lied For
21]		26 Suite Ast #	Suite, Apt. #, etc.			65-0545340   Not Applicable			
Suite, Apt. #, etc.		27 City & State	27			5. Certificate of Status Desired			
City & State	;	}η ´	28			Election Campaign Financing     Trust Fund Contribution     Added to Fees			
Zip	Country	Zip				This corporation has liability for intangible tax under s. 199.032,			
24						Fiorida Statutes Yes No			
	g. Name and Address of Currer		[30]			10. Name and Address of New Rec			
PIER	RCE, CLIFFORD Y			81	Name			***************************************	
1440 JF KENNEDY CAUSEWAY STE. 301					Street Addr	ress (P.O. Box Number is Not Acceptable	ie)		
NO. BAY VILLAGE FL 33141									
				83		-			
				84	City	W. W. J. W. J. L. W. J. W. J. W.	FL   85	Zip Co	ode
11. Pursuarit te	to the provisions of Sections 607,050	02 and 607.1508, Floric	la Statutes, th€	e abovr	e-named corr	poration submits this statement for the pr	urnose of charg	ging its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such chanc	de was authori	rzad by	v the corporat	tion's board of directors. I hereby accep	t the appointme	int as re	∌gistered
SIGNATURE:									
	Signature, typed or printed name of registered age		(NOTE: Regist	lered Age	ant signature requir	red when reinstating)	DATE		
12.		ND DIRECTORS		13,		ADDITIONS/CHANGES TO OFFICE	<del></del>	<del></del>	
TITLE	DIFFORE CHEEODD V	DE		L1 TITLE			L_J Ch	ange i	Addition
NAME Ototet Abbbeec	PIERCE, CLIFFORD Y	AV OTE OO4	P	I.2 NAME	*********				
STREET ADDRESS	1440 JF KENNEDY CAUSEWA	44 91E. 301		I.3 STREET					
CITY-ST-ZIP TITLE	NO. BAY VILLAGE FL 33141	□ DE		1.4 CITY - ST	iT - ZIP		Ch	2000	Addition
NAME	İ			2.2 NAME			الم السا	aliye i	L. HUUMON
STREET ADDRESS	İ				ADDRESS		•		
City-St-Zip	İ			:.					
TITLE	***************************************	☐ DE		. 4 CHT-8 I.1 TITLE	51-417		☐ Ch	nange	Addition
NAME		_		.2 NAME	1		_		hana
STREET ADDRESS	İ			.3 STREET	ADDRESS				
CITY-ST-ZIP	İ			3.4. CITY - S					
HILE	I	DE		.1 TITLE			Ch	iange	Addition
NAME	I		4.	I. 2 NAME					
STREET ADDRESS			4.1	I.3 STREET	ADDRESS				
CITY-ST-ZIP	<u> </u>			1.4 CITY - \$1	ST-ZIP				
TOTLE	· <del></del>	☐ DE	LETE 5.	.1 TITLE			☐ Ch	iange	Addition
NAME			5.5	.2 NAME					
STREET ADDRESS			5.1	.3 STREET	ADDRESS				
CITY-ST-ZIP				.4 CITY - S	ST - ZIP		····		
TITLE		DEI	LETE 6.	i.1 TITLE			☐ Ch	ange	Addition
NAME			6.7	.2 NAME					
STREET ADDRESS			6.1	3 STREET	ADDRESS	4.			
CITY-S1-ZIP	22 - 4 - 4 N - 2-1 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	the state of the state of		4 CITY - ST					
information	in indicated on this annual report or s	supplemental annual re	enort is true an	nd accu	urate and that	d in Section 119.07(3)(i). Florida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida St	l effect as if man	de unde	or nath: that