## 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 # P9500004160 (4)

Principal Place of Business Mailing Address 13285 DRY CREEK RD. 11390 TWELVE OAKS WAY BELGRADE MT 59714 #520											
		N. F	PALM BEACH FL 334	08-3273			3. Date incorporated of	r Qualified	3a. Date of		eport
2. Principal	Place of Business	2s. 1	Mailing Address			····	01/17/1995 4. FEI Number		05/01/1		plied For
21		26					65-0558507				t Applicable
Suite, Ap	it #, etc.	27	Suite, Apt. #, etc.				6. Certificate of Status	Desired	7 -	3.75 A Fee Re	Additional quired
City & Sta	ate		City & State				6. Election Campaign I	inancing	\$	5.00	May Be
23	Country	28	7.0	( Co.		<del></del>	Trust Fund Contribu			dded t	
Ζφ 24	Country 25	29	Zip	30	untry	'	This corporation has     Florida Statutes		ntangible tax u Yes <b>⊠</b> No		199.032,
:41	9. Name and Address of Curre		red Agent	1901	T	· · · · · · · · · · · · · · · · · · ·	10. Name and Address				
PC	WELL, KAREN M				81	Name					
11390 TWELVE OAKS WAY					82	Street Ac	eet Address (P.O. Box Number is Not Acceptable)				
	520						· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>		<del></del>
N.	PALM BEACH FL 33408				83	1					
					84	City	<del>'                                      </del>	<del></del>	FL 85	Zip C	Code
11. Pursuan	nt to the provisions of Sections 607.05 r registered agent or both, in the Stat an familiar with, and accept the obli-	02 and 60	7 1508 Florida Stati	tes the s	hove	e-named co	rooration submits this statem	ent for the nu		oing its	hateleinet e
SIGNATURE	Signature, typed or printed name of registored a	gent and litte if	applicable (NO	ITE: Register			ukred when reinstating)		DATE		
12.	OFFICERS AI	ND DIRECT	ORS DELETE	13.			ADDITIONS/CHANGE	S TO OFFICE		hange	S IN 12 Addition
TITLE NAME	WOODS, RONALD J		LA DECETE	1.11	NAME				L) (	нанув	L_3 Addition
STREET ADORESS	44000 THEFTHE DAVO WAY	# S20		1		ADDRESS					
CITY ST-ZIP	N. PALM BEACH FL 33408				OTY-5						
THLE	ST		DELETE	211						hange	☐ Addition
NAME	POWELL, KAREN M			2.21	NAME						
STREET ADDRESS				2.3 9	STREET	ADDRESS					
CITY - ST - ZIP	N. PALM BEACH FL 33408					ST - ZiP				<del></del>	
TITLE	1		DELETE	3,1 1					[] C	hange	Addition
NAME PROFESS ANDOLOG					MAME TOTAL	Apperes	i.				
STREET ADDRESS CITY - ST - ZIP				1		ADDRESS					
UHY - S1 - ZIP TILLE		·	DELETE		CILY - :	ST-ZIP		·		hange	Addition
NAME				<b>1</b>	NAME						
STREET ADDRESS	s <del> </del>					ADDRESS					
CITY - \$1 - ZIP	<u> </u>					st-ziP					
TILE			DELETE	5.11						hange	☐ Addition
NAME				5.21	NAME						
STREET ADDRESS	S			5.3 \$	STREET	ADDRESS					
CHTY - ST - ZIP		··	<b>T</b> 550-55			T-ZIP		····	· · · · · · · · · · · · · · · · · · ·		****
TITLE			☐ DELETE		TITLE		,			hange	Addition Addition
NAME					MAME	1					
STREET ADDRESS	5					ADDRESS					
City - ST - 7IF				6.40	CITY - S	T-ZIP					

I do horeby 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 or changed, or on an attachment with an address. SIGNATURE:

**FILED** 

May 16 1997 8:00am

Secretary of State

0301429