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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9500007355** (7)

Principal Place 7061 S. TAMIAI SUITE 110 SARASOTA FL	MI TRAIL	Mailing Address 7061 S. TAMIAMI TRAIL SUITE 110 SARASOTA FL 34231-5559					
						3. Date Incorporated or Qualified 01/23/1995	3e. Date of Last Report 04/22/1996
2. Principal Place of Business 2a. Mailing Address 21 26						4. FEI Number 65-0543886	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required	
City & Stat	Ø	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ζφ	Country			8. This corporation has liability for in	
24	25	29	30			Florida Statutes	Yes No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	gistered Agent
	LWEILER, NORBERT			-	mo		
	i S. Tamiami trail 'E 110		Ε	32 Str	eet Addre	ss (P.O. Box Number is Not Acceptab	le)
	ASOTA FL 34231		8	33			
				34 Cit			85 Zip Code
L	<u>, , , , , , , , , , , , , , , , , , , </u>			ļ			FL
office or r agent. I a SIGNATURE	to the provisions of sections for sections for objective state in tamiliar with, and accept the oblig Signature, typed or printed name of registrical age.	ations of, Section 607,0505, Fl	orida Statu	168.		oration submits this statement for the poin's board of directors. I hereby accept the relief of the points of the	or the appointment as registered
12,	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	
TITLE	Р	☐ DELETE	1.1 1111	E			Change Addition
NAME	GEHLWEILER, NORBERT 2529 AMANDA DRIVE		1.2 NAM				
STREET ADDRESS	SARASOTA FL 34232			EET ADDRI	:SS		
CITY-ST-ZIP TITLE	ON PROPINITE OTEDE	DELETE		1.4 C(TY - ST - ZIP 2 1 TDLE			Change Addition
NAME				2.2 NAME			•
STREET ADDRESS			2 3 STRE	EET ADDRI	éss		
CITY-ST-ZIP				Y - \$1 - 71P			
TITLE	D ot		311111				Change Addition
NAME Street Address			3.2 NAME 3.3 STREET ADDRESS		500		
CITY-ST-ZIP				ELT ACIONI Y≁\$T÷ZIP	1		
TITLE		DELETE	4.1 7171				Change Addition
NAME			4. 2 NAM	JE.			,
STREET ADDRESS			4.3 STRE	RDDA 133	í SS		
CITY-ST-ZIP				7 - \$1 - 7 P			
TITLE		DELETE	5 1 1171				Change Addition
NAME Street address			5.2 NAM 6.2 STDI	¶ Fet addri	100		
CITY-ST-ZIP				FET ADURI (- \$1- ZIP	.00		
TITLE		DELETE	6.1 TITC				Change Addition
NAME			62 NAM	¶E.			
STREET ADDRESS			6.3 S1R	E E 1 ADDRE	ESS		
CITY-ST-7IP			6.4 CHY	r- ST- 7(P			ì

I do hereby certify that the information supplied with this filling 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 13 if changes or on an attachment with an address

FILED

Mar 14 1997 8:00am

Secretary of State