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 # P95000010950 (0)

Principal Place 83305 FAIRWAY LEESBURG FL	r RD	Mailing Address 33305 FAIRWAY RD LEESBURG FL 34788-3643			
				3. Date Incorporated or Qualified 02/06/1995	3a. Date of Last Report 04/19/1996
21 605	lace of Business Mc Down to Ir	26 Maying Address	2871	4. FEI Number 59-3310392	Applied For Not Applicable
Suite, Apt	#. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	eimo FL	City & State 28 LAKFLA~D	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33 0	Po3 Country	Zip 3 1806 30	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199,032, Yes No
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Reg	stered Agent
MILL	HORN, MICHAEL D ESQ.		81 Name		
	35 SE 177 PL IMERFIELD FL 34491		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
			84 City		FL 85 Zip Code
SIGNATURE	to the provisions of Sections 607.0500 registered agent, or both, in the State in tamiliar with, and accept the obligations with a provision of the state of th		the above-named corporal astatutes	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered of the appointment as registered
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	D Dall, ernlie a 33305 fairway RD	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	CHANGE DAIL FRALIE A. ST 605 McDONALD ST	ti⊿ Change
QITY-ST-ZIP	LEESBURG FL 34788		1.4 CITY+ST-ZIP	LIKELMNIJ ET JOY	30 %
THELE NAME STREET ADDRESS	D Dall, Judith 33305 Fairway RD	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	DAIL JUDITH AND ST	[] Change [] Addition
CITY-ST-ZIF	LEESBURG FL 34788		2 4 CITY-ST-ZIP	LAKELAND FI 3	3 <i>603</i>
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		ł
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - 2IP	4		34. CITY+ST-ZIP		1
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	•		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS	•	
C17Y-S1-71P			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

SIGNATURE: '

14. I do hereby certily that the information supplied with this fiting does not quality 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 feceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed or the anaddress.

FILED

Apr 14 1997 8:00am

Secretary of State