## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT d STATE

Sandra B. Mortha

Socretary of State DIVISION OF CORPORALIONS

## **FILED** May 07 1997 8:00am Secretary of State

Principal Place of Business  834 JENKINS STREET 8EBASTIAN FL 32858  POCUMENT # P95000011704 (0)  Mailing Address 834 JENKINS STREET 8EBASTIAN FL 32858  P95000011704 (0)  Mailing Address 834 JENKINS STREET 8EBASTIAN FL 32858						
					3. Date Incorporated or Qualified 02/10/1995	3a. Date of Last Report 09/09/1996
<b>—</b> ''	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		26   Suite, Apt. #, etc.		65-0558176	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	7ip	Coun		Trust Fund Contribution	Added to Fees
24	25	[29]	30	i y	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes <b>174.</b> No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	
	, LINDA S		8	1 Name		
	JENKINS ST. ASTIAN FL 32958		8	2 Street Add	lress (P.O. Box Number is Not Acceptab	le)
ĢED	ASTIAN FL 32830		8	3		
			8	4 City		- 85 Zip Code
44 5		1007 1000 5		1		F1   1
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Horida Statu F Horida, Such change was	ites, the abo authorized	ive-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered t the appointment as registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, F	torida Stalut	es.		
	Signature, typed or printed name of registered agent			gent signature requ	ired when roinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	<u>-</u>	ADDITIONS/CHANGES TO OFFIC	
NAME	PTD HILL, JEANNE M	оси ц	1.2 NAM			L Change L Addition
STREET ADORESS	634 JENKINS ST.			ET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		1.4 C/V	- ST - ZIP		
TITLE	SVD	DELETE	21104			Change Addition
NAME	HILL, LINDA S		22 NMI			
STREET ADDRESS	P.O. BOX 2277 VERO BEACH FL 32961-2277		6 f	F1 ADDRESS - S1- ZIP		
TITLE	TENO DENOTITE SERVICELL	DELETE	3.1 1 5	731-21		Change Addition
NAME			3 2 N 46			E onango E nadiion
STREET ADDRESS			3 3 S t	1 ADDRES\$		
CITY-ST-ZIP		T DELETE	34 0 Y	S1 · ZIP		
TITLE		L_ DELETE	4116	,		Change Addition
NAME STREET ADDRESS		•	4 2 1 7	1 ADDRESS		
CITY-ST-ZIP			- 6 - 6	ST-ZIF		
TOTLE		DELETE	51T.			Change Addition
NAME			\$.2 N			
STREET ADDRESS			\$.3 9 . (	1 ADORESS		
CITY-ST-ZIP		DELETE		S1-20°		Character Clause
TITLE NAME		□ hereif	6.1 6.2			L Change L Addition
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP				\$1 - ZiP		
14. I do hereb informatio I am an ol	by certify that the information supplied on indicated on this annual report or sufficer or director of the corporation or the Block 12 or Block—18 if changed, or consider the corporation or the supplied of the corporation or the supplied of the corporation of	pplemental annual report is ne receiver or trustee empo	lify for the true and wered to	emption stated	d in Section 119.07(3)(i), Florida Statules my signature shall have the same legal d as required by Chapter 607, Florida St	effect as if made under oath: that I

ANNE M. HILL

04/30/97

(561)388-1238