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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 28 1997 8:00am Secretary of State

DOCUMENT #	P05000012222	/41	١
1 Conversion Name	P95000012232	$(\mathbf{I})$	Į

EXTERIO Principal Place 865 S. COURTE MERRITT ISLAN	ENAY PKWY.	Ma <b>685</b>	iling Address \$. Courtenay PKW Britt Island FL 3285						
						<ol> <li>Date Incorporated or Qualified 02/14/1995</li> </ol>		ate of Last R /01/1996	eport
2. Principal P	lace of Business	28.	Mailing Address			4. FEI Number		Ap	plied For
S,iite, Apt	# esta-	26	Suite, Apt. #, etc.			59-3292350	·	\$8.75 A	t Applicable
2	#, Cit.,	27	Solle, Apr. #, etc.			<ol><li>Certificate of Status Desired</li></ol>		φο./ο/ Fee Re	
City & State	е		City & State			6. Election Campaign Financing		\$5.00	May Be
3	T C. II	28	77:			Trust Fund Contribution		Added t	
Zip 4]	Country 25	29	Zip	Coun	ıtry	This corporation has liability for Florida Statutes	or intangibl Yes		199.032,
	9. Name and Address		ered Agent	1301		10. Name and Address of New F			
POL	TA, EUGENE K			1	81 Name				
	VIA CAPRI			Į.	82 Street Ad	dress (P.O. Box Number is Not Accept	able}		
MER	iritt Island fl 32952	2-2818		}-	B3		*		
				L					
				[8	B4 City		FL	85 Zip (	Code
agent La	im fam liar with, and accep	pt the obligations of	<ul> <li>a. Such change was Section 607.0505, Ft</li> </ul>	authorized lorida Statu	by the corporates.	propriation submits this statement for the ration's board of directors. I hereby according to the result of the re	ept the ap	pointinent as	registored
agent La SIGNATURE	am farn liar with, and accept	pt the obligations of,	Section 607.0505, Fl	lorida Statu	ites.	ation's board of directors. I hereby acc puired when reinstaling)  ADDITIONS/CHANGES TO OFF	DATE		S IN 12
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4. I do hereby 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 arr 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 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date Daying Proce #