## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principel Place		Mailing Address 606 BRADFORD DR. FT. WALTON BEACH FL	32547		
11111111111111	CHAIR CONTRACTOR	THE TOTAL DESIGNATION	<b>VEU 17</b>	DO NOT WRITE IN 1	THIS SPACE
				02/21/1995	<ul> <li>Date of Last Report</li> <li>08/12/1996</li> </ul>
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	# ofc	Suite, Apt. #, etc.	<del></del>	65-0571006	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		B. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	e current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
AITL	9. Name and Address of Curren	Registered Agent	81 Name	10. Name and Address of New Registe	ered Agent
	(en, janet d Bradford dr.				
FT. WALTON BEACH FL 32547			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
, , ,			83		
į			84 City		<b>85</b> Zip Code
				· ·	FL
11. Pursuant office or ragent. La	to the provisions of Sections 607.050; egistered agent, or both, in the State im familiar with, and accept the obliga	end 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, F	tes, the above-named co authorized by the corpor lorida Statutes.	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the	ose of changing its registered e appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered ager OFFICERS AND		1E- Rogistered Agent signature req	uired when reinstating) Di ADDITIONS/CHANGES TO OFFICERS	ATE CONTROL OF THE 10
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	aitken, janet d	<del>-</del>	1.2 NAME		
STREET ADDRESS	606 BRADFORD DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	' <u>-</u>	1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME	,		2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		Change Acidition
TITLE NAME		L. Detter	3.1 TITLE 3.2 NAME		C Cuange C Aconton
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	6.4 City-ST-ZiP		Change Addition
NAME		□ berete	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 City-ST-ZIP 14. 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 eath; 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 if changed, or on an attachment with an address.

**FILED** 

Sep 11 1997 8:00am

Secretary of State