FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 21 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business Mailing Address 4411 MEADOW CREEK CIRCLE													
SARASOTA FL 34233			SARASOT	SARASOTA FL 34233-1806									
U\$			US	U\$					B Data to a second at 100 at	100 5	4 (1 1 D		
							1	3. Date Incorporated or Qualified 02/21/1995 05/01/1996			eport		
2. Principal P	lace of Busine	2a. Mailir	2a. Mailing Address					4. FEI Number	1 00/0		plied For		
21		26	26					59-3313798			l Applicable		
Sulte, Apt.	#, otc.	Suite	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional		
22		27						5. Commence of States Desired		Fee Re	··		
City & State	e 	City &	City & State				ļ	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be o Fees		
Zip 24	2	Country 5	Zip 29				,		This corporation has liability for Elorida Statutes	ntangible] Yes [199.032,	
	9, Name a	nd Address of Curren	Registered	Agent					10. Name and Address of New Re	gistered /	Agent		
SCO	VILL, W W					B1	Name					Ì	
1605 MAIN STREET						82	2 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 912													
SAR	asota FL 3	4236			ļ	83							
						84	City		FL 85 Zip		85 Zip (Code	
11, Pursuant office or r	to the provisio egistered age	ns of Sections 607.050; nt, or both, in the State	2 and 607.150 of Florida, Sud tions of Socti	18, Florida Statu ch change was	les, the al	oove d by	e-named the corp	corpor poration	ation submits this statement for the p n's board of directors. I hereby accer	urpose of the app	changing its ointment as	s registered registered	
SIGNATURE	ing the same	i una accept the conge	110115 01, 00011	0,1 007.0000, 11	onda olai	OIO.	,,						
	Signature, lyped or	ponted name of registered age				d Ago	erutsingia tre	required	when reinstating)	DATE			
12.	D	OFFICERS AND	DIRECTORS	DELETE	13.	11.5			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR:	S IN 12 Addition	
TITLE NAME	CRISP, DO	NAI D T		beece	1.1 10						L Change	L.J Adollion	
STREET ADDRESS	4411 MEAC					1.2 NAME 1.3 STREET ADDRESS							
CITY-ST-ZIP	SARASOTA	•				1.4 DITY-ST-ZIP							
TITLE	D	11201200		DELETE	2.1 70		1.54				Change	Addition	
NAME	CRISP, PAI	MELA K			2.2 NA						_ '	_	
STREET ADDRESS		OW CREEK CIRCLE					2.3 STREET ADDRESS						
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NAME					32 N/	ME							
STREET ADDRESS					3 3 ST	REET	ADDRESS					İ	
CITY-ST-ZIP				l perete			S1-21P					1 1 100	
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NAME					4. 2 N								
STREET ADDRESS							ADDRESS					}	
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STREET ADDRESS	<u> </u>						ADDRESS						
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NAME					62 NA	ME							
STREET ADDRESS					63 ST	REET	ADDRESS	1					
CITY-ST-ZIP					6.4 Ci	IY-S	1 - ZIP						

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 12 or Block 12 or on an attachment with an address.