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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000015726 (9)

## FILED Feb 24 1997 8:00am Secretary of State

Suite, Api #, etc    Suite			Mailing Address 5333 GULF DR. HOLMES BEACH FL 34217	-1742		
2. Principal Place of Business						
Suite, Apil #, ctc  Suite, Apil #, ctc  Suite, Apil #, ctc  City & State  Country  State Country  Stat	2. Principal F	Place of Business	2a. Mailing Address			
City & State  Ci					65-0559934	Not Applicable
City & Stelle  28  29  29  20  Country  29  20  20  20  20  20  20  20  20  20		#, etc	··		5. Certificate of Status Desired	
Z-D		do				
Z.p		1147	F		, , , , , , , , , , , , , , , , , , , ,	
25   25   30   Florida Statutes   Yes   No		Country		Country		
KEMPER, JEFF 5333 GULF DR. HOLMES BEACH FL 34217  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent. In both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered.  SIGNATURE  SIGNATURE  DELETE  1.3 INLE  KEMPER, JEFF 5333 GULF DR.  DITLE  DELETE  1.1 INLE  CHANGE SSUBJECT AUDIESS  STAND BEACH FL 34217  THE  DELETE  2.1 INLE  CHANGE SASS GULF DR.  DELETE  3.1 SHREET ADDRESS  CHY ST-2P  THE  DELETE  4.1 INLE  Change Addition AMME  SHREET ADDRESS  CHY ST-2P  THE  DELETE  4.1 INLE  Change Addition	24	25	29	30	Florida Statutes	Yes No
SIGNATURE  Delete  NAME  SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Title  NAME  SIRES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  SIRES ADDRESS  CITY ST- 2P  INDI  NAME  SIRES ADDRESS  CITY ST- 2P  INDI  DELETE  11 DELETE  12 Additor  DELETE  13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change   Additor  Additor  Additor  Additor  Additor  NAME  SIRES ADDRESS  CITY ST- 2P  INDI  NAME  SIRES ADDRESS  CITY ST- 2P  INDI  DELETE  11 INDE  Change   Additor  A		<ol><li>Name and Address of Curr</li></ol>	ent Registered Agent		10. Name and Address of New P	registered Agent
HOLMES BEACH FL 34217    B3	KEM	APER, JEFF		81 Name		
B3   B4   City				82 Street	Address (P.O. Box Number is Not Accept	able)
B4   City	HOL	LMES BEACH FL 34217		<u> </u>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent of the purpose of changing its registered agent agent. The state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent with a purpose of changing its registered agent agent with a purpose of changing its registered agent agent with a purpose of change as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent with a purpose of changing its registered agent agent with a purpose of changing its registered agent agent with a purpose of changing its registered agent agent with a purpose of changing its registered agent agent with a purpose of changing its registered agent agent with a purpose of changing its registered agent agent of directors. I hereby accept the appointment agent agent agent with a purpose of changing its registered agent agent of directors. I hereby accept the appointment agent ag			•	83		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered organic or both in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and procept the obligations of, Section 607 0505, Florida Statutes agent agent of directors. I hereby accept the appointment as registered agent agent and procept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent of directors. I hereby accept the appointment as registered or gent of directors. I hereby accept the appointment as registered or gent of directors. I hereby accept the appointment as registered or gent of directors. I hereby accept the appointment as registered or gent or ge				84 City		B5 Zip Code
TITLE   NAME   STREET ADDRESS   CITY - ST - ZIP   TITLE   Change   Addition	SIGNATURE	Signature, types or immeding rice of a gistorical	J.Kevnpqn agen and the if applicable (NOT	E. Registered Agent signature	required when rainslating)	2/6/97 DATE
NAME   STREET ADDRESS   5333 GULF DR.   13 STREET ADDRESS     13 STREET ADDRESS		organization and the control of the	AND THE PARTY OF T		ADDITIONS/CHANGES TO OFF	
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TITLE	ì					15
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DELETE	STREET ADDRESS			2.3 STREET ADDRESS		
NAME         3.2 NAME           STHEET ADDRESS         3.3 STREET ADDRESS           CITY+ST-ZIP         3.4 CITY+ST-ZIP           TITLE         DELETE         4.1 TITLE           NAME         4.2 NAME           STRIET ADDRESS         4.3 STREET ADDRESS           CITY+ST-ZIP         4.4 CITY-ST-ZIP	CITY - ST - 7(P			2.4 CITY-ST-ZIP		·
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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 of 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 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97

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