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

PROFIT CORPORATION **ANNUAL REPORT**



Sandra B. Mortham

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
	MENT # P9500 OUP PROJECTS, INC.	00165	42 (9)				 		818† JP818 8	:::11	
Principal Plac	ce of Business	Mailin	Mailing Address								
604 KRUFGER STUART FL 349			604 KRUFGER PKWY. S.E. STUART FL 34996-3620								
							3. Date Incorporated or Qual.	ified	1	ate of Last R	.eport
	Place of Business	28. Ma	2a, Mailing Address				02/28/1995 4. FEI Number		12/3	0/1996 Ap	oplied For
21	# =10	26	~~ 				NOT APPLICABLE		/		ot Applicable
Sulte, Apt	. #, OIC.	27	Suite, Apt. #, etc.				5. Certificate of Status Desire	d	M	\$8.75 / Fee Re	Additional equired
City & Sta	te		City & State				6. Election Campaign Finance	ing		\$5.00	
23		28					Trust Fund Contribution			Added	to Fees
Zip 24	Country 71p Cc				intry	У	 This corporation has liability Florida Statutes 	_		tax under s 1 No	. 199.032,
471	9. Name and Address of Cur		d Agent	30	\Box		10. Name and Address of Ne			70	
BJO	RN, LEE BRIAN				81	Name					
604	KRUEGER PARKWAY					Street Add	lress (P.O. Box Number is Not Acc	eptabl	e)		
STUART FL 34996					83						
						5					
					84	City	_		FL	85 Zip	Code
11. Pursuant	t to the provisions of Sections 607.0	0502 and 607.1	508, Florida Statu	tes, the a	bove	e-named cor	poration submits this statement for ation's board of directors. I hereby	the pu	urpose of	changing it	s registered
agent. I	am familiar with, and accept the ob	oligations of, Sc	ction 607.0505, F	lorida Sta	ules	S.	more bodita of directors, Thereby	accep	τιιο αρμ	outinent as	registered
SIGNATURE	Signature, typed or printed name of registered	anent and tile if apr	dicable (NO	II Begislere	a And	ent signature requ	ired when reinstating)		DATE		
12,		AND DIRECTO	RS	18.			ADDITIONS/CHANGES TO	OFFIC		DIRECTOR	3S IN 12
TITLE	D		☐ DELETE	1.1 1	TLE					Change	Addition
NAME	BJORN, SIGURD B	-		12 N							
STREET ADDRESS CITY-ST-ZIP	604 KRUEGER PARKWAY S. STUART FL 34996	E.				I ADDRESS					
TITLE	OTOMIT I SASSO		DELETE	2.1 10		S1 - ZIP				Change	Addition
NAME				2.2 N	AME	1					
STREET ADDRESS				23\$	THEET	I AODRESS					
CITY-ST-ZIP			DECENT			S1 - Z/P				T 01	L. Carrier
TITLE NAME			DELETE	3.1 TI 3.2 N						☐ Change	Addition
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP						ST-ZIP					
TITLE			DELETE	4.1 T	TEE					Change	☐ Addition
NAME				4.28		l l					i
STREET ADDRESS						1 ADDRESS					
CITY-ST-ZIP TITLE			DELFTE	4.4 C 5.1 Ti		S1 - 7/P				Change	☐ Addition
NAME				5.2 N		1					
STREET ADDRESS				53\$	REET	I ADDRESS					i
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			•	ST-ZIP					
TITLE			DELETE	611]				☐ Change	L Addition
NAME exercit approces				62 N		Linberco					
STREET ADDRESS	ł.			635	ititt l	i address					

14. I do hereby certify that the information supplied with this filing cloes 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 it made under eath; that I am an officer or director of the corporation or the receiver of fluster 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 attacking with an address.

FILED

May 01 1997 8:00am