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



## Sandra B. Mortham

,	FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00				FILED		
COF	PROFIT RPORATION JAL REPORT 1997		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS		Apr 21 1997 8:00ar Secretary of State		
Principal Place of Business  Mailing Address  11878 86TH AVE N  SEMINOLE FL 34642  POSCUMENT # P95000017973 (5)  Mailing Address  11878 86TH AVE N  SEMINOLE FL 3472-3545							
					3. Date Incorporated or Qual 03/03/1995	3a. Date 05/01/	of Last Report
	Place of Business	) <del></del>	Mailing Address		4. FEI Number	1 0010 11	Applied For
Sulte, Apt.	#, etc.	26	Suite, Apt. #, etc.		59-3315494  5. Certificate of Status Desire	ed 🗆 Se	Not Applica 8.75 Additional
City & Stat	te .	27	City & State		Election Campaign Finance		Fee Required
3		28			Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 4	Country 25	29	?ip	Country 30	This corporation has liabili     Florida Statutes	ity for intengible tax Yos 🔲 N	
office or a agent. I a SIGNATURE					orporation submils this statement for ration's board of directors. I hereby		tment as registere
12.	Signalure, typed or punted name of regis OFFICE	stored agont and lifte if RS AND DIRECT		E Rogistered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AND DI	RECTORS IN 12
TITLE	D	<del></del>	DELETE	1.1 TITLE			Change Add
NAME STREET ADDRESS	BRAWNER, STEPHEN 11878 88TH AVE N			1.2 NAME			
CITY-ST-ZIP	SEMINOLE FL 34642			1.3 STREET ADDRESS   1.4 CITY- ST - ZIP			
TITLE	D		DELETE	2.1 TITLE			Change Add
NAME	BRAWNER, THERESE M			2.2 NAME	•		
STREET ADDRESS CITY-ST-ZIP	SEMINOLE FL 34642			2.3 STREET ADDRESS 2 4 City-St-7iP			
TITLE			DELETE	3.1 TITLE			Change Add
NAME				3.2 NAME			-
STREET ADDRESS CITY-ST-ZIP				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
TITLE			DELFTE	4.1 7ITLE			Change Add
NAME				4. 2 NAME			
STREET ADDRESS CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			
TITLE			☐ DELETE	5.1 TITLE			Change Add
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP			DELETE	5.4 CITY-S1-ZIP 61 TITLE			Change Ado
NAME	)			6.2 NAME			
STREET ADORESS				6.3 STREET ADDRESS			

**FILED** Apr 21 1997 8:00am Secretary of State

14. 10 bereby 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 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 if chapted, or Man attachment with an address.