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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000032823 (3)

Principal Place 5757 LORRAINE BRADENTON FI	E RD	Mailing Address 5757 LORRAINE RD BRADENTON FL 34202-9271			
		•		3. Date Incorporated or Qualified	3a. Date of Last Report
				04/26/1995	05/01/1996
<b>—</b>	Place of Business	2a, Malling Address		4. FEI Number	Applied For
21		26		65-0577925	Not Applicable
<b> </b>		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		& Floation Compaign Financiae	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24	25		30	Florida Statutes	Yes No
	9. Name and Address of Curr	ent Registered Agent	041-0	10. Name and Address of New Reg	gistered Agent
	(S, BARRY		81 Name		
5757 LORRAINE RD			82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)
DHA	DENTON FL 34202		83		
	_		84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the above-named corp	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changing its registered
agent. I a	am familiar with, and	igations. It Section 607,0505, Flor	ida Statutes.	on's board of directors. I hereby accep	it the appointment as registered
SIGNATURE	Dille	P.K.II	ILLES 3/1	4	1121191
12.		agent and life if applicable (NOTE:	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILKS, BARRY		1.2 NAME		İ
STREET ADDRESS	5757 LORRAINE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34202		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAVIDGE, WARREN		2.2 NAME		
STREET ADDRESS	7620 LOVEGREN LN		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	GIBSONTON FL 33534	DELFTE	2.4 CITY-ST-ZIP 3.1 NITLE		Change Addition
NAME			3.2 NAME		Change C Addition
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 C(1)Y - ST - Z(P		
TITLE		☐ DELFTE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREE1 ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIF		Change Laddway
TITLE		ר חברניונ	6.1 TITLE		Change Addition
NAME OTDEET ADDRESS			6.2 NAME		
STREET ADDRESS			6.9 STREET ADDRESS		

. 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, provided in attachment with an address.

appears in block of all block to it changes, at open alternation with all add

B.K. MICKS 47

4/21/97 941-746-6890

**FILED** 

Apr 29 1997 8:00am

Secretary of State