

FILED  
Sep 22 1997 8:00am  
Secretary of State



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DO NOT WRITE IN THIS SPACE

|   |  |  |                |
|---|--|--|----------------|
| 3. Date Incorporated or Qualified<br><b>05/16/1995</b>  |  | 3a. Date of Last Report<br><b>02/07/1996</b> |                |
| 4. FEI Number<br><b>65-0579918</b>  |  | Applied For                                  | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required        |                |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | <b>\$5.00</b> May Be Added to Fees           |                |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |                |

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 65 Zip Code

**SIGNATURE** \_\_\_\_\_  
 Signature, typed or printed name of requester agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (4/97)

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 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 13 if changed, or on an attachment with an address.