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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

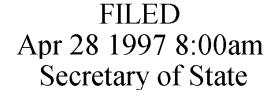
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000046078 (8)

W. GARR. INC.



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Principal Pla	ce of Business	Mailing Address	····	··· - · · · · · · · · · · · · · · · · ·	-\	PER BURGE		
1862 SW CLC	OVERLEAF	1862 SW CLOVERLEAF	*					
						3. Date Incorporated or Qualified 3a. Date of Last Report 06/09/1995 08/06/1996		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-0601513			t Applicable
Suite Apr	(# etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Str	nte	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
	Country	Zip	Countr	у	8. This corporation has liability fo		tay under s	
24	25	[29]	30		, ioitou otatatoo	Yes	No	
	9. Name and Address of Co	irrent Registered Agent	81	1.6	10. Name and Address of New F	egistered .	Agent	
	RRISON, WILLIAM JR.		01	Name				
	62 SW CLOVERLEAF IRT ST LUCIE FL 34953		82	Street Add	ress (P.O. Box Number is Not Accepta	able)		
10	itt of cook is also		8:	<del> </del>	·	<del></del>		
			84	City			85 Zip (	Code
			[-	1		FL	. [ ]	
agent 1 SIGNATURE	am familiar with, and accept the o				poration submits this statement for the tition's board of directors. I hereby acc ired when reinstating)	DATE		
12.	OFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND		
TILLE	P	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	GARRISON, WILLIAM 1862 SW CLOVERLEAF		1.2 NAME	1				
STHEET ADDRESS	PORT ST. LUCIE FL		1	T ADDRESS				
CHY-ST ZIF	TOTA OT. COOK IL	☐ DELETE	1.4 CITY - 2.1 TITLE				Change	Additio
NAME:		<del>-</del> '	2.2 NAME	1			•	
STREET ADDRESS	<b>i</b>		2.3 STREI	T ADDRESS				
CLY ST-ZP			2 4 CHY	-ST-ZIP				·
THEF		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME	i i				
STREET ADDRESS	5		3.4 CITY	ET ADDRESS				
OHY-ST-70P THEE		DELETE	4.1 TITLE	-01-41	***************************************		☐ Change	Addition
NAME			4, 2 NAM	E				
STREET ADDRESS	, (		4.3 STRE	ET ADDRESS				
CITY-ST ZIP			4.4 CITY-				- <del></del>	
TITLE		DELETE	5.1 TATLE	1			Change	Addition
NAME			52 NAM	1				
STREET ADORESS				ET ADDRESS				
TITLE		DELETE	5.4 CITY - 6.1 TITLE				Change	Addition
NAME.			6.2 NAM	· ·				

14. To be 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 13 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

NAME OF BIGNING OFFICER OR DIRECTOR

42391 561-489-0870

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