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 # DOE

Principal Place of Business 766 NORTH LAKE BLVD LAKE PARK FL 33403 POUCUMENT # P9500046085 (3) Mailing Address 766 NORTH LAKE BLVD LAKE PARK FL 33403					
				3. Date Incorporated or Qualified 06/09/1995	3a. Date of Last Report 09/23/1996
	Place of Business	2a. Malling Address		4. FEI Number	Applied For
Suite, Ant	#, etC	Suite, Apt. #, etc.		65-0588527	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25	Zip 29	Country 30	_	Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	egistered Agent
	DHAM, ROBERT		81 Name		
786 NORTH LAKE BLVD LAKE PARK FL 33403			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
LAN	E PARK FL 33403		83		
			64 City		85 Zip Code
					FL
office or I agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl	te of Florida. Such change was a igations of, Section 607.0505, Flor 	uthorized by the corpo rida Statutes.	orporation submits this statement for the ration's board of directors. I hereby acce	pt the appointment as registered
12.	Signalities typed or printed name of registrated a OFFICERS A	ND DIRECTORS (NOTE	Registered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
THUE	D	DELETE	1.1 TiTLE	ADDITION OF THE OFFI	Change Addition
NAME	WOODHAM, ROBERT		1.2 NAME		
STREET ADDRESS	766 NORTH LAKE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL 33403	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE NAME		[] Detele	2.1 TITLE 2.2 NAME		E Citalige E Audillon
STHEET ADDRESS	•		2.3 STREET ADDRESS		
CiTY+ST-7iP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change C Addition
NAME CLOSEL LAGROSSIC			4.2 NAME 4.3 Street address		į
STREET ADDRESS CITY-S1-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		_ ·	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-7IP			5.4 CITY-ST-ZIP	·	
TITLE		DELETE	6.1 TITLE		Change Addition
NAMÉ			6.2 NAME		Ì
STREET ADDRESS			63 STREET ADDRESS		

6.4 CITY-ST-ZIP

CITY-ST-ZIP

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.

FILED

May 08 1997 8:00am

Secretary of State