FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT 1997



DOCUMENT # P95000047129 (8)

FLORIDA DEPARTMENT STATE

Sandra B. Mort

Secretary of Sta DIVISION OF CORPOR

FILED May 02 1997 8:00am Secretary of State

Principal Place of Business 420 PORT ROYAL BLVD SATELLITE BEACH FL 32837 Mailing Address 420 PORT ROYAL BLVD SATELLITE BEACH FL 32837								
US		US				3. Date Incorporated or Qualified	3a. Date of Last Report	
6 Odesland D	lace of Business	1 00	Mailing Address			06/15/1995 4. FEI Number	07/03/1996	
	lace of Business	26	Mailing Address			59-3293775	Applied For Not Applicable	
21 Suite, Apt. #, etc.		20	Suite, Apt. #, etc.		·		¢0.75 A-4-14	
22		27				5. Certificate of Status Desired	Fee Required	
City & State	9	-:- <u>-</u> -	City & State		1	6. Election Campaign Financing	\$5.00 May Be	
23		28			1	Trust Fund Contribution	Added to Fees	
Zip	Country		Zip	Co	uiry	8. This corporation has hability for		
24	25	29		30	1	, ionaa olalaisi	Yes No	
	9. Name and Address of Curren NNEAU-HAMBLETON, RICHARD		tered Agent		Names	10. Name and Address of New R		
420 8215	Port Royal Blvd - Sand Dunes Court Ellite Beach Fl 32937				B3 H2D B4 City L1	hard Charbonnea ess (P.O. Box Number is Not Accepted Port Roycel Blu Life Rocch		
11. Pursuant office or r agent. I a SIGNATURE	Lochard Cle	100	wea fr	in	and the	oration submits this statement for the tion's board of directors. I hereby according to the control of the cont	purpose of changing its registered ept the appointment as registered	
12.	Signature typed or printed name of registered ago: OFFICERS AND			11 Hegister	ed Agent signature requi	red when reinstating)		
TITLE	D)	/ L/II SL.C	DELETE	1.1	D.F	Applitoriajori i i i accidente de la con-	Change Addition	
NAME	CHARBONNEAUHAMBLETON, I	RICHAI	RD	1.21	IAME			
. STREET ADDRESS	420 PORT ROYAL BLVD			133	STREET ADDRESS		l i	
CITY + ST - ZIP	SATELLITE BEACH FL			1.40	DITY-ST-ZIP			
TITLE			☐ DELFTE	21	ITLE		Change Addition C	
NAME				2.21	IAME			
STREET ADDRESS				2.3	STREET ADORESS			
CITY-ST-ZIP			TT DELETE		CITY - S1 - ZIP		Change Addition	
TITLE			TT OFFER	3.1			Change (Racition	
NAME					AWE STREET ADDOLOG			
STREET ADDRESS				- 6	STREET ADDRESS CHY+ST+ZIP			
CITY-ST-ZIP TITLE			DELETE	4.1			Change Addition	
NAME			_	4. 2	NAME			
STREET ADDRESS					STREET ADDRESS			
CITY-ST-ZIP					CITY - S1 - ZIP			
TITLE			DELETE		TITLE		☐ Change ☐ Addition	
NAME				5.2	NAME		İ	
STREET ADDRESS				53	STREET ADDRESS			
CITY-ST-ZIP				5.4	CITY - ST - ZiP			
TITLE			DELETE	6.1	IIILE		Change Addition	
NAME				6.2	NAME			
STREET ADDRESS				6.3	STREET ADDRESS			
CITY+\$T-ZIP	<u> </u>			G.4	CITY-ST-ZIP			

14. Ido 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.

SIGNATURE: