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

POCUMENT # P95000055811 (0)

Principal Place of Business Mailing Address 898 21ST STREET VERO BEACH FL 32980 Mailing Address VERO BEACH FL 32980-5454								
					3. Date Incorporated or Qualified 07/17/1995	3a. Date of t		
2. Principal Place of Business		2a. Mailing Address 26		······································	4. FEI Number 65-0597309	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27	<u>}</u> -		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\square\) No			
Name and Address of Current Registered Agent BEAVER, THOMAS M JR				Name	10. Name and Address of New Re	gistered Agent		
1115 MIRACLE MILE VERO BEACH FL 32980			82		ress (P.O. Box Number is Not Acceptal	ole)		
			83			85	Zip Code	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 ogistered agent, or both, in the Station familiar with, and accept the oblig stages of registered agents. Signature, typed or printed hance of registered ag	gations of, Section 607.0505, †	londa Statuto	98.	poration submits this statement for the partition's board of directors. Thereby according when reinstating)	ourpose of chang of the appointme	ing its registered nt as registered	
12.		ND DIRECTORS	13.	Kill a grittore rede	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TILLE	T	·- · · · · · · · · · · · · · · · · · ·	☐ Ch	ange 🔲 Addition	
NAME	BEAVER, THOMAS M JR		1.2 NAME					
STREET ADDRESS	398 21ST STREET		1.3 STRUE	T ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32960		1.4 CBY-	\$1-712		·		
TITLE	VO	☐ DELETE	2.1 1HLF			∐ Ch	ange Addition	
NAME	LOUIGARD, JOHN		2.2 NAME					
STREET ADDRESS	398 21ST STREET		2.3 STREE	1 ADDRESS				
CITY-\$T-ZIP	VERO BEACH FL 32960		2. 4 CITY	- \$1 - 71F			To Augusti	
TITLE .		☐ DELETE	3,1 TITLE			∐ Ch	lange L Addition	
NAME			3.2 NAME	ì				
STREET ADDRESS				LADORESS .				
CITY-ST-ZIP TITLE		DELL TE	34 CHY 41 TIFE	· S1 · 710		□ Ch	range Addition	
NAME		E Profit	4 1 IIII 7	.				
STREET ADDRESS				: LADDRESS				
CITY-ST-ZIP			4.4 Cify-					
TITLE		DELETE	51 THLE			Ch	nange 🔲 Addition	
NAME			5.2 NAME			-		
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			54 CITY -					
TITLE		DELETE	6 t TRUE			☐ Ch	nange 🔲 Addition	
NAME			6.2 NAME	1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CHY					
	by certify that the information suppli	ed with this faing alles not our			d in Section 119.07(3)(i). Florida Statuto	s Liurther certif	v that the	

• 1 on persoy certify that the information supplied with this hang gross not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify that the information indicated on this annual report or supplemental advitual 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 admixed expowersel 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.

Onks

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FILED

May 13 1997 8:00am

Secretary of State