


APPROVED
AND
FILED

1997 AUG 25 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<p>PROFIT CORPORATION ANNUAL REPORT 1997</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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Principal Place of Business	Mailing Address
13540 GRANVILLE AVENUE CLERMONT FL 34711	13540 GRANVILLE AVENUE CLERMONT FL 34711

				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified 08/01/1995		3a. Date of Last Report 03/26/1996	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number 59-3329260	
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.			Applied For Not Applicable	
22 City & State			27 City & State			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country			28 Zip Country			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country			29 Zip Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GUSHEA, JOHN R 13540 GRANVILLE AVENUE CLERMONT FL 34711		81 Name John R GUSHEA	
		82 Street Address (P.O. Box Number is Not Acceptable) 17420 Eve Drive	
		83	
		84 City Montverde	85 Zip Code FL 34756

SIGNATURE John R. Gushka **JOHN R. GUSKA** **7-24-97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUSHEA, JOHN R 17420 EVE DRIVE MONTVERDE FL 34756 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700002260047--5 -08/06/97--01115--014 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUSHEA, LEIGH B 17420 EVE DRIVE MONTVERDE FL 34756 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SCC 8-6-97

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.

SIGNATURE: *John P. Guesen* John P. Guesen 7-24-97 407.469.3009

B2E034 (A/O7)