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

CORPORATION ANNUAL REPORT

1997



Secretary of State DIVISION OF CORPORATIONS

FILED Apr 01 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Suite, Apr. #, etc. 22 C ty & State 23 Zip Country	Mailing Address 5878 \$ RIDGEWOOD AVI PORT ORANGE FL 32127 US 28. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 segistered Agent	7-6423	B1 Name 82 Street Addr	3. Date Incorporated or Qualified 09/14/1995 4. FEI Number 59-3335461 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for Florida Statutes 10. Name and Address of New Re- ress (P.O. Box Number is Not Acceptab	3a. Date 04/18 Intangible tale Yes Inglistered Age	e of Last R 3/1996 Ar NX \$8.75 A Fee Re \$5.00 Added to ax under s	eport poplied For pt Applicable Additional equired May Be to Fees
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9. Name and Address of Current R BEATY, CONNIE \$ 3253 VAIL VIEW CT		[30]	82 Street Addr	10. Name and Address of New Re	gistered A		
BEATY, CONNIE \$ 3253 VAIL VIEW CT			82 Street Addr				*
3253 VAIL VIEW CT				ress (P.O. Box Number is Not Acceptab	le)		
			B3				
			84 City		FL	85 Zip (Code
11. Pursuant to the provisions of Sections 607 0502 at office or registered agent, or both, in the State of agent. I am remilier with, and accept the obligation of the section of the section of the section agents.	Hes. m	nu	ed by the corporate atutes.	tion's board of directors. I hereby acception in the state of the stat	the appoi	ntment as	registered
12. OFFICERS AND D		13		ADDITIONS/CHANGES TO OFFIC			
DEATH CONNEC O	☐ DELETE	•	TITLE		L	_) Change	Addition
PREFIT ADDRESS 3253 VAIL VIEW CT			NAME Street address				
DAYTONA BEACH FL 32725			CITY-ST-ZIP				
ni F	DELETE		HTLE		[Change	Addition
NAME		22	NAME (7.5			ļ
STREET AFORESS			STREET ADDRESS		•		
DEY-SE 7.8	DELETE		CITY-ST-ZIP TITLE			Change	Addition
NAM.	Lad Dictive	- 1	NAME		L	Ontaings	
STREET ADDRESS			STREET ADDRESS				
(dir-81-70)		3.4.	CITY-ST-ZIP				
lit(f	☐ DELETE	41	TITLE		Ι	Change	Addition
NAME .			NAME				
SIRE LADDRING			STREET ADDRESS				
DIV-SI-ZP	DELETE		CITY-ST-ZIP			Change	Addition
NAME			NAME		-		
STREET ACDOR SS			STREET ADDRESS				
OLY-ST ZIP		5.4	CITY-ST-ZIP				
THIE	DELETE	6.1	TITLE		T	Change	Addition
HAM:			NAME .				
SHELL ADDRESS			STREET ADDRESS				
etty-\$1-7# 14. I do hereby certify that the information supplied w	ith this filing does not aux		CITY-ST-ZIP e exemption stated	d in Section 119.07(3)(i) Florida Statute	s. I further o	ertify that	the