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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED May 16 1997 8:00am Secretary of State

	MENT # S SERVICES		0072	951 <u>(</u> 3)						
Principal Place	of Business		Mailin	g Address		<u> </u>		1 8 4071 33 011 30 01	FIL OFILL IONIO	HORD TOLLY O	1101 1101 1001
1729 COGSWELL STREET ROCKLEDGE FL 32955			1729 COGSWELL STREET ROCKLEDGE FL 32955-3208								
							3. Date incorporat 09/21/1995	ed or Qualified		le of Last 05/1996	
—, ·	ace of Business		2a. Ma	ailing Address			4. FEI Number	Z-33.	7879	- 7	pplied For lot Applicable
Suile, Apt	#, etc			ite, Apt. #, etc.				OII			Additional
22			27				5. Certificate of St		<u></u>		lequired
City & State)		28 Cit	y & State			6. Election Campa Trust Fund Conf		П		May Be I to Fees
Žip 24	25	Country	Zir 29)	Cour	itry	8. This corporation Florida Statutes	has liability for	intangible Yes	tax under	
		Address of Cur	rent Registere	d Agent		81 Name	10, Name and Add	resa of New Re	gistered A	gent	
	(, JACK H 9 COGSWELL	étocet									
	KLEDGE FL 3					82 Street Add	lress (P.O. Box Number	is Not Acceptat	ble)		
1101					Ī	83		 			······································
					h	B4 City	11414, 1777,			85 Zip	Code
									FL	1 1	<u></u>
11. Porsuant	to the provisions	of Sections 607.0	502 and 607.1	1508, Florida Sta	atutes, the ab	ove-named cor	poration submits this st	atement for the r		changing	its registered
11. Pursuant office or ragent 1a	to the provisions egistered agent, m familiar with, a	of Sections 607.0 or both, in the Stand accept the ob	9502 and 607.1 ate of Florida.	1508, Florida Sta Such change wa action 607.0505,	atutes, the ab as authorized Florida Statu	ove-named cor by the corpora	poration submits this station's board of directors	atement for the p s. I hereby acce		changing ointment a	its registered s registered
11. Pursuant office or ragent Fa							poration submits this station's board of director	atement for the p s. I hereby acce	purpose of pt the appo	changing pintment a	its registered s registered
		aled have of registered		picable. (I			poration submits this station's board of directors gired when reinstating) ADDITIONS/CHA		purpose of pt the appo		
SIGNATURE	logicaturi, typicat ex pe	OFFICERS /	agent and title if ap	picable. (I	NOTE Registered	Agent signature requ	ired when reinstating)		purpose of pt the appo		
SIGNATURE 12. HILE MAY:	D LINK, JACK	OFFICERS /	agent and title if ap	ρicable. (I	NOTE Registered 13. 1.1 TIT	Agent signature requil.E	ired when reinstating)		purpose of pt the appo	DIRECTO	RS IN 12
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SIGNATURE 12. HILF FAM: SIREH ADDRESS CHT-SI-VP TILLE WAME SIREH ADDRESS	D LINK, JACK 1729 COGS	OFFICERS A H WELL STREET	agent and title if ap	picable (PRS DELETE	NOTE Registered 13. 1.1 TIT 1.2 NAI 1.3 STR 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STR	Agent signature required. ME ME ME ME Y-ST-ZIP LE ME ME ME ME ME ME ME ME ME	ired when reinstating)		purpose of pt the appo	DIRECTO	RS IN 12
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receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: