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

DOCUMENT # P95000074311 (8)

MARTIN W. HILLIARD, CPA, P.A.

					}				
Principal Place of Business Mailing Address					T TO STANDAY AND TO LOUIS DATES ABOUT DATES DATE				
1800 2ND 8T- 2461 E. BURR OAK COURT SARASOTA FL 34232-6102 SARASOTA FL 34238									
U\$				3. Date Incorporated or Qualified 10/01/1995		3a. Date of Last Report 05/01/1996			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For	
21 2461 E. Burn DAK Court 26					65-0614715	·		l Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired		8.75 A Fee Re		
City & Stat		City & State			6. Election Campaign Financing		\$5.00	May Be	
23 Sara	sola, th	28	· v= -=		Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	_ Country		8. This corporation has liability for			199.032,	
24 3423	25 SARASOTA	29] 30)]			Yes 🗆 N			
	9. Name and Address of Current	Registered Agent	81	News	10. Name and Address of New Re	gistered Age	nt		
HILLIARD, MARTIN W 2461 E. BURR OAK COURT SARASÓTA FL 34232					ime				
				82 Street Address (P.O. Box Number is Not Acceptable)					
			83						
				84 City FL 85 Zip Code					
office or agent. I a	registered agont, or both, in the State of the familiar with, and accept the obligation of the photostature, typed or printed name of registered agent.	Florida. Such change was autons of, Section 607.0505, Floridand Interference (NOTE F			poration submits this statement for the partion's board of directors. I hereby acception and the statement for the particle of the statement for the particle of the statement o	ot the appoint	ment as	registered	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 12	
TITLE	D	DELETE	1.1 TITLE				Change	Addition	
NAME	HILLIARD, MARTIN W		1,2 NAME						
STREET ADDRESS	2461 E. BURR OAK COURT		13 STREET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34232		1/4 City-S	ST-ZIP					
TITLE		DELETE	21 THEE				Change	Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP			2, 4 CITY-	ST-ZIP		····		—	
TITLE		☐ DELETE	3.1 TITLE			L.	Change	Addition	
NAME			3,2 NAME						
STREET ADDRESS			3,3 STREET	ADDRESS					
CITY-ST-ZIP			3 4. CITY-	\$1-2IP		——————————————————————————————————————		- 1 A case	
TITLE		☐ DELETE	4.1 TITLE			Ш	Change	Addition	
NAME			4, 2 NAME						
STREET ADDRESS			4,3 S1REE1	ADDRESS					
CITY-\$T-ZIP			4,4 C(1Y - 9	ST-ZIP			A.		
TITLE		□ DELETE	5 1 TITLE				Change	Addition	

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.

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

62 NAME

DELETE

5 4 DITY - ST - ZIP

CIGNATURE: 1

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

DE. IM a the Was

4-27-97

941-364-2732

Change

Addition

FILED

May 09 1997 8:00am

Secretary of State