## 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

D	OCU	MEN	IT#	P95	0000	765	510	(3)

## **FILED** Apr 24 1997 8:00am Secretary of State

THE JP		Mailing Address 906 SE LAKEVIEW DR SEBRING FL 33870-4397				
				3. Date Incorporated or Qualified 09/29/1995	3a. Date of I	
·	flace of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt	# etc	Suite, Apt #, etc.		65-0620857		Not Applicable 75 Additional
22	+, Otto.	27		5. Certificate of Status Desired		ee Required
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for it		nder s 199.032,
<u>1</u>	9. Name and Address of Curr			10. Name and Address of New Reg		
GOS	SE, PATRICIA H		81 Name			
	SE LAKEVIEW DR		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
SEB	IRING FL 33870		83	1,000		
			84 City		FL 85	Zip Code
anent La	am familiar with, and accept the obl	ate of Florida. Such change was ligations of Section 607 0505. I	authorized by the corpora	ation's board of directors. I hereby accep	of the appointment	ent as registered
agent I a	Signature, typed or printed name of registered a		s authorized by the corpora- Florida Statutes.  DTE Registered Agent signature req.  13.	rporation submits this statement for the p ation's board of directors. I hereby accep jured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
SIGNATURE	Signature, 150 of a printed name of registered of OFFICERS A	agent and little if applicable (No	OTE Registered Agent signature req	juired when rainstating)	DATE	CTORS IN 12
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I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(), 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 10 or Block 13 if changed, on an attach reproduct the an address particle. Heave 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 10 or Block 13 if changed, on an attach reproduct the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 13 if changed, on an attach reproduct the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. If the corporation of the co

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