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

PROFIT CORPORATION ANNUAL REPORT



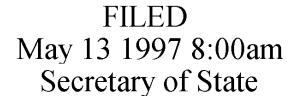
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000081584 (1)



		P.O. BO	Address X 1273 FL 32540-1273							
US		03					3. Date Incorporated or Qualified	1	te of Last	Report
2 Primaria	Place of Business	2a Mail	ing Address				10/20/1995 4. FEI Number	<u> U4/(</u>)1/1996	Applied For
21	Trade of Ersentees	26	mg / tau/osa				59-3362982		———	ot Applicable
Suite Ap	ot, #_etc		Suite, Apt. #, etc.				SS 75 Additional			
22		27				5. Certificate of Status Desired	L.J	Fee I	Required	
City & St	ate	City	& State				6. Election Campaign Financing	F		May Be
23		28		<u>-</u>		······································	Trust Fund Contribution			to Fees
Ζφ 	Country	Zip		Cour	itry		8. This corporation has liability for in			s. 199.032,
24	25 g. Name and Address of Cu	rent Registered	Agent	30			Florida Statutes L. 10. Name and Address of New Reg	Yes [
^		rogiatorau	. 139 47 (1)		81	Name	in atta maniere et tien tre	y (PM /		
	yer, randy m. 35 siebert avenue	[]					···			
	ESTIN FL 32541		82 St			Street Addre	ss (P.O. Box Number is Not Acceptab	10)		
O.	201111 1 2 02041			ļī.	83					
				1					1441 -	^ J.
					64	City		FL	85 Ziş	Code
SIGNATURE	Signature , type Hor posted name of registers.	J agera and tite it appli	cable INO	T€: Registerad		nt signature require		DATE		
12.	OFFICERS	AND DIRECTOR	S DELETE	13.			ADDITIONS/CHANGES TO OFFIC	EHS AND	Change	
TITLE NAME	DYER, RANDY		L_ Deter	1.2 NA			:		onange	L_1 Addition
STREET ADDRES	SEE AIRBRAT ALTENIE					ADDRESS	ì			
CHY-SI-ZIP	DESTIN FL			1.4 CIT		1				
Tilté	DEGITATE		DELETE	2.1 TiTl		1-24	The state of the s		Change	Addition
NAME				2.2 NA						_
STREET ADDRES	s			23 STF	REET A	ADDRESS				
CITY-S1: 7(f)				2.4 CIT	Y-S	IT-ZIP				
1:1t E			DELETE	3.1 TITE	LE				Change	Addition
MAME				3.2 NA	ME	1				
STREET ADDRES	8			3.3 STR	REET	ADDRESS				
GITY - ST-2IF				3.4. CIT		T-ZIP				
THLE			☐ DELETE	4,1 1(1)	l€	Į.			Change	Addition Addition
NAME	i									
STREET ADORES				4, 2 NA						
0.1Y-5*-2P	.5			4.3 STR	REET	ADDRESS				
	3			4.3 STR 4.4 CIT	REET A				<u> </u>	T Assure -
10.6	3.5		DELETE	4.3 STR 4.4 CIT 5.1 TITI	REET A Y-ST LE				Change	Addition
HULE NAME				4.3 STR 4 4 CIT 5.1 TITO 5.2 NAV	REET / Y-ST LE Me	1 - ZIP			Change	Addition
NAME NAME SHREET ADDRES				4.3 STR 4.4 CIT 5.1 TH 5.2 NA 5.3 STR	REET / Y-ST LE ME REET /	T-ZIP ADDRESS		***	Change	Addition
TOTAL NAME SURELT ADDRES CITY+ST+ZIP			DELETE	4,3 STR 4 4 CIT 5.1 TH 5.2 NAV 5.3 STR 5.4 CIT	REET A Y-ST LE ME REET A Y-ST	T-ZIP ADDRESS				
NULE NAME SUBERT ADDRES COLY-SI-ZUP THRE				4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITI	REET A Y-ST LE ME REET A Y-ST LE	T-ZIP ADDRESS			Change	
THE NAME STREET ADDRESS CITY - ST- ZIP THE NAME	.5.		DELETE	4.3 STF 4.4 CIT 5.1 THI 5.2 NAV 5.3 STF 5.4 CIT 6.1 THI 6.2 NAV	REET A Y-ST LE ME REET A Y-ST LE ME	T-ZIP ADDRESS T-ZIP		***.		
NULE NAME SUBERT ADDRES COLY-SI-ZUP THRE	.5.		DELETE	4.3 STF 4.4 CIT 5.1 THI 5.2 NAV 5.3 STF 5.4 CIT 6.1 THI 6.2 NAV	REET / LE ME REET / LE ME	ADDRESS T-ZIP ADDRESS		200		

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: