## FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMEN

OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 21 1997 8:00am Secretary of State

DEL KI	ng realt			37 14 (2)						
Principal Place of Business 909 SOUTH DORAL LANE VENICE FL 34293			909 SOUTH DORAL LANE VENICE FL 34293-3909							
: Y : : :								3. Date Incorporated or Qualified 11/01/1995	3a. Date of Las 02/20/1996	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Applied For
21			26					65-0617415	, ,	Not Applicable
Sulte, Apt. #, etc.			27					5. Certificate of Status Desired		5 Additional Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Ζiρ	Country			Zip Cour				8. This corporation has liability for i	ntangible tax unde	er s. 199.032,
24	<del></del>	25 29			30			Florida Statutes X Yes No		
		and Address of Curre		· · · · · · · · · · · · · · · · · · ·				10. Name and Address of New Re	gistered Agent	
		OF LAWRENCE J SI	PIEGEL	CHRYD		B1	Name			
343 ALMERIA AVENUE							Street Add	et Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134				ļ-			·			
						83				
<u> </u>						84	City		FL	ip Code
11. Pursuar office of agent, I	nt to the provis r registered ag am familiar w	ions of Sections 607.050 gent, or both, in the State ith, and accept the oblig	02 and 6 e of Flori ations o	507.1508, Florida Statul ida. Such change was if, Section 607.0505, Fl	les, the a authorize orida Sta	above ed by atutes	e-named cor, the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changin It the appointment	g its registered as registered
SIGNATURE	Stoneture Junes	or printed name of registured ag-	out and little	if and callo	F. Hometon	od Acc	el e anabiro racio	ired when reinstaling]	DATE	
12.	Digital Crait, 19100	OFFICERS AN			13.	ou nge	all signature ruqu	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	PĎ			☐ DELETE		1.1 TO LE			☐ Chang	e 🔲 Addition
NAME	KING, DE				1.2 (	NAME				ŀ
STREET ADDRESS				1.3		1.3 STREET ADDRESS				li
CITY-ST-ZIP	VENICE FL 34293						1- ZIF			
TITLE		STD COURT C				2.1 TITLE			Chang	ge L. Addition (
NAME	KING, RUTH E 909 SOUTH DORAL LANE					2.2 NAME				
STREET ADDRESS	LICHTION D. ALANA			Tale Control of the C			AODRESS			ļ
CITY-ST-ZIP TITLE	VEHIOL I'L 34283			DELETE 31			ST-71P		Chang	e Addition
NAME				32 N						,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS				335			ADDRESS			ľ
CITY-ST-ZIP						CITY-S				
TITLE		☐ DELETE				4.1 TITLE			☐ Chang	e Addition
NAME					4. 2	NAME				ł
STREET ADDRESS	s				4.3 \$	STREET	ADDRESS			
CITY-ST-ZIP					4.4 CITY-ST-ZIP				- T- A 1 192	
TITLE				☐ DELETE	5.11				☐ Chang	je 📙 Addition
NAME DEDECT ADDRESS	.}				- 1	IAME	LODOLOG			
STREET ADDRESS	<b>`</b>					STHEET	ADDRESS			Ĭ
CITY-ST-ZIP	r					MU A				
TITLE				DELETE		ORY-S UTLE	1 · ZIP		Chang	ae Addition
TITLE				DELETE	611	TLE	1 - ZIP		Chang	ge Addition
NAME STREET ADDRESS				☐ DELETE	611	VAME	ADDRESS		Chang	ge Addition

I do hereby certify that the information supplied with this filling 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 incourate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the coloration 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 alternment with an address