## 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 # P95000086650 (5)

Frincipa Plac 348 MIRACLE SUITE 7 FT. WALTON	re of Busine STRIP PARK	WAY	Mailing Address  348 MIRACLE STRIP PAR SUITE 7 FT. WALTON BEACH FL			
<b>↓</b>			ullet		3. Date Incorporated or Qualif 11/13/1995	ied 3a. Date of Last Report 04/29/1996
2. Principal F			2a. Mailing Address	. Pa	4. FEI Number	Applied For
L	سيمط	estapparkum	26 348 minac	le Starp Bruke	59-3345307	Not Applicable
Suite, Apt	#, etc	•	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	Luca	Was BU PU	City & State	Uan Bule	Election Campaign Financia     Trust Fund Contribution	
23 <b>Υδ~</b>	7. 201	Country	Zip	Country		for intangible tax under s. 199.032,
24 325	48	25 0 Kalowa	29 325YP	30 UKalausa	Florida Statutes	Yes No
		e and Address of Current	Registered Agent	04[ 1	10. Name and Address of New	v Registered Agent
	rker, shif			81 Name	Some	
348 MIRACLE STRIP PARKWAY SUITE 7				82 Street Add	ress (P.O. Box Number is Not Acce	sptable)
		BEACH FL 32548		83		
11.	TALION	DENOTITE GEOTO				
				84 City		FL 85 Zip Code
11. Pursuant	Llo the provi	sions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above-named con	poration submits this statement for	the purpose of changing its registered accept the appointment as registered
agent Fa	am familiar v	with and accept the obligat	ons of, Section 607.0505, F	lorida Statutes.	D 1/	A same appointment as registered
SIGNATURE	يد	Muiller L		OTE: Registered Agent signature requ		april 14,1997
12.	fag stad fige	Sith point directed by stered agent OFFO ERS AND		TE: Registered Agent signature requi		DEFICERS AND DIRECTORS IN 12
1111	P		DELETE	1.1 TITLE		Change Addition
NAME		rell Lamar		1.2 NAME		
STREET ADDRESS		BERJACK DRIVE, #24		1.3 STREET ADDRESS		
Olly-St-ZiP	FT. WAL	LTON BEACH FL	······································	1.4 CITY-ST-ZIP		
TITLE	!		DELETE	2 1 TITLE		Change Addition
NAME				22 NAME		. 4
STREET ADDRESS				2 3 STREET ADDRESS		
GHY-ST-2IP Ti <sup>T</sup> LF			DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY ST-7IP	ļ [			34. CITY-ST-ZIP		
TIFEE			DELETE	4 i TiYLE		Change Addition
NAMÉ				4. 2 NAME		•
STREET ADDRESS				4.3 STREET ADDRESS		
CITY - ST - ZIP	·		DELETE	4.4 CITY-ST-ZIP		Change Addition
THEF NAME	-		ال مدرورة	5.1 TITLE 5.2 NAME		C. Strange L. Adultui
STREET ADDRESS				5.3 STREET ADDRESS		
CITY: \$1-76	1					
I IIILI		· ////	DELETE	5.4 CITY-ST-ZIP 6.1 TILE		Change Addition
TITLE			☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME STREET ADDITIONS			☐ DELETE	5.4 CITY - ST - ZIP		Change Addition

14. If 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 arrival 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 coloration of 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 charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 21 1997 8:00am

Secretary of State