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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000089909 (2)

FILED Jan 17 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 400 LEEWAY TRAIL ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 ORMOND BEACH FL 32174-2563						3. Date Incorporated or Qualified 3a. Date of Last Report			
						3. Date Incorporated or Qualified 11/16/1995		e of Last F 2/1996	Report
2. Principal	Prace of Business	2a. Mailing Address				4. FEI Number	00/0		oplied For
21		26				59-3351442			ot Applicable
Suite, Api	it.#,eta	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Sta	ate	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
<i>Z</i> ip	Country	Zip		untry		8. This corporation has liability for			199.032,
24	25	[29]	30	γ			Yes [·
	9, Name and Address of Cu	irrent Registered Agent		81	Name	10. Name and Address of New R	egistered A	gent	
	ENIER, SAM								
	D LEEWAY TRAIL IMOND BEACH FL 32174			82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
UN	MUNU DEACH PL 32174			83					
				84	City			105 70	Code
				04	City		FL	85 Zip	Code
		obligations of Section 607.0505,	Florida Sta	itutes.	ino odipolar	ion's board of directors. I hereby acc	opt in o uppe		,
SIGNATURE	Signature system or publication in of registers	ettagentarul loortapplicable (f	NOTE Registere	d Agent	I signature require	ed when reinstating)	DATE		
12.	Signatura syra dion pentastrumina of registata OFFICERS	S AND DIRECTORS	13.		I signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND		
12.	Signature type documents have of registers OFFICERS PD	· · · · · · · · · · · · · · · · · · ·	13. 1.1 F	TLE	I signature require		ICERS AND	DIRECTOI Change	
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4. 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, yr organ algorithm with an address.

SIGNATURE:

HINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8.97

(ad) 6723610

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