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 # P95000091891 (8)

Principal Place of Business Mailing Address 836 S. OSPREY AVE. SARASOTA FL 34236 A Mailing Address SARASOTA FL 34236 BARASOTA FL 34236								
					3. Date Incorporated or Qualifie 11/28/1995		Date of Last R	leport
2. Principal Place of Business		2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number		<u></u>	oplied For
21		26		65-0630095			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		* *	Additional equired	
City & State		City & State		6. Election Campaign Financing		· · · · · · · · · · · · · · · · · · ·	May Be	
23		28		Trust Fund Contribution				
Zip	Country	Ζφ	Country		8. This corporation has liability for			. 199.032,
24	25 25 Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes 10. Name and Address of New	Yes		
HAR	IVEY, JERRY W III		81	Name	(0: 13.13.13.13.13.13.13.13.13.13.13.13.13.1			
	S. OSPREY AVE.		82	Street Ad	dress (P.O. Box Number is Not Accep	table)		
SARASOTA FL 34236								
			83	3				
			84 City			FL	85 Zip i	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statut	les, the abov	/e-named co	preoration submits this statement for the			ts registered
office or a agent. I a	registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida. Such change was gations of, Section 607.0505, FI	authorized b orida Statute	y the corpores.	orporation submits this statement for the ation's board of directors. I hereby acc	cept the ap	pointment as	registered
SIGNATURE								
12.	Signature, typed or printed name of registered a	gent and title if applicable (NOT ND DIRECTORS			quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ח חופברדתם	C INI 12
TITLE	D DELETI		1.1 TITLE		ADDITIONS/CHANGES TO OH	IOENS AIN	Change	Addition
NAME	HARVEY, JERRY W III		1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	936 S. OSPREY AVE.							
CITY-\$T-ZIP	SARASOTA FL 34236		1.4 C/IY-	ST-ZIP				
TITLE		☐ DELETE					L Change	Addition
NAME Street Address			2.2 NAME					
CITY-ST-ZIP			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP					
TITLE		DELETE		J. 14			Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	1 ADDRESS				
CITY-ST-ZIP	Dr. Free		3.4. CITY- 4.1 TITLE	\$1-ZIP				
TITLE		DELETE					Change	Addition
NAME STREET ADDRESS			4. 2 NAME	- 1				
CITY-ST-ZIP			4.4 CITY-	1 ADDRESS				
TITLE	DELETE		5.1 TITLE	ST EII			☐ Change	Addition
NAME			5.2 NAME			-		
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE		DELETE					Change	Addition
NAME			6.2 NAME					
STREET ADDRESS	•		6.3 STREE	I ADDRESS				

64 CITY-ST-ZIP

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 suppliemental 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.

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4/10/00

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FILED

Apr 21 1997 8:00am

Secretary of State