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 # P9600003615 (7)

FILED May 13 1997 8:00am Secretary of State

Principal Place 19 CUNNINGHA PALM COAST F	M LANE	Mailing Address 19 CUNNINGHAM LANE PALM COAST FL 32137-9087					
2. Páncipa Pí	race y Husinoss ₁	(2a, Mailing Address		01/08/1996	3a. Date of Last Re	eport plied For	
Suite Apt.	n Coast YlayersU	19 1 Part Suite, Apt. #, etc.	Harbor P	1 ' /	89 Not \$8.75 A Fee Rec		
City & State	m Coast Fl.	Cilve State Coo	st, Fl.	Election Campaign Financing Trust Fund Contribution	\$5.00 in Added to	o Fees	
24 321.	37 25 America 9. Name and Address of Current	29 32137 30	Country AMEVIC	This corporation has liability for inta Florida Statutes	es 🔀 No	199.032,	
ELLERTSEN, DIANE C 19 CUNNINGHAM LANE PALM COAST FL 32137				ress (P.O. Box Number is Not Acceptable)			
			83 84 City		FL 85 Zip C	>ode	
11. Persuant to office or reagent. Lar	to the provisions of Sections 607 0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 607, 1508, Florida Statutes, the f Florida Such change was author ons of Section 607,0505, Florida	e above-named corp ized by the corporal Statutes.	poration submits this statement for the purplion's board of directors. I hereby accept the		registered registered	
SIGNATURE 12.	Segnation: Type It or printed name of registered agent OFFICERS AND		stered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE RS AND DIRECTORS	S IN 12	φ
T IF I	D		.1 TITLE		☐ Change	Addition	6/6)
NAME STREET ADDRESS.	ELLERTSEN, DIANE C 19 CUNNINGHAM LANE PALM COAST FL 32137	1	.2 NAME .3 Street address .4 City-St-Zip				CR2E034 (9/96)
CFTM - ST - ZFF THTLE	D		11 TITLE		Change	Addition	$\ddot{5}$
NAME STREET ADDRESS	ELLERTSEN, JAMES R 19 CUNNINGHAM LANE		.2 NAME 2.3 STREET ADDRESS				
C. 1 y - 5 y - 74P	PALM COAST FL 32137		4 CITY-ST-ZIP		Change	Addition	
NAME STREET ADDRESS	KAUFFMAN, EARL S 4 COLE COURT	3	1.2 NAME 3.3 STREET ADDRESS				
CITY ST-ZIP	PALM COAST FL 32137		4. CITY+ST-ZIP				
TIFLE .			I.1 TITLE I.2 NAME		☐ Change	Addition	
NAME STREET ADDRESS	'		I.3 STREET ADDRESS				
City - S1 - ZIP			I.4 CITY-ST-ZIP				
TILLE			i.1 TITLE		Change	Addition	
NAME			2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
TITLE			i.4 CiTY+ST-ZiP		Change	Addition	
NAME			3.2 NAME		-		
STREET ADDRESS		6	3.3 STREET ADDRESS				
City - St - ZiP			6.4 CITY-ST-ZIP	d in C. oliv. 440 07/0VN Fr. 144 Ov.	forther postfit to		
14. I do hereh	by certify that the information supplied	with this filing does not qualify for	the exemption state	d in Section 119.07(3)(i), Florida Statutes. I	Turiner certify that t	(IIII)	

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 oat 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 13 if changed, or on an attachment with an address.