FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600003722 (1)

MIDAS ACLF, INC.

rincipal riace of bu	\$11055	
8400 SOUTH TAMIAMI	TRAIL. SUITE	303

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



8400 SOUTH SARASOTA	h tamiami trail. Suite 303 Fl 34239	3400 SOUTH TAMIAMI SARASOTA FL 34239-60		
				3. Date Incorporated or Qualified 3a. Date of Last Fleport 01/11/1996
2. Principa	al Place of Business	2a, Mailing Address		4 FEI Number - Applied For
21		26		65-06486 Not Applicable
	upt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & S	State	City & State		6. Election Campaign Financing \$5.00 May Be
23 Z(p	Country	28 	Country	Trust Fund Contribution Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
	9. Name and Address of Curre		1001	10. Name and Address of New Registered Agent
34	AENSCH KARINS, VICTORIA 400 SOUTH TAMIAMI TRAIL, SUITI ARASOTA FL 34239	E 303		Alan Stein Indiress (P.O. Box Number is Not Acceptable) Out 242nd St. Out 242nd St. FL 85 Zip Code
office	or registered agent, or both, in the Stat . I am familiar with and account the oblin	to of Florida. Such change wa gations of, Section 607,0505,	itutes, the above-named as authorized by the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TOLE	Change Additio
NAME	BANNOCKS, STEPHEN	_	1.2 NAME	
STREET ADORE	A AAA AALATII TALBIILBI WALII	SUITE 303	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	,	14 CITY-ST-ZIP	
TITLE	D	DELETE	21 TITLE	Change Additio
NAME	BANNOCKS, SHIRLEY		2.2 NAME	
STREET ADDRE	A 464 GOI PHI PASSIASS PRAS	, SUITE 303	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 94239		2. 4 CITY-S1-ZIP	
TITLE		DELETE	3.1 TITLE	Change Additio
NAME			3,2 NAME	
STREET ADDRE	ess		3.3 STREET ADDRESS	
CITY-ST-ZIP	· ·		3.4. CITY - \$1 - ZIP	
TITLE		DELETE	4.1 bile	Change Additio
NAME	İ		4. 2 NAME	
STREET ADDRE	ess (4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CHY-ST-ZIP	
TITLE		☐ DELETE	51 HTLE	Change Additio
NAME			5.2 NAME	
STREET ADDRE	ess		5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 C(1)Y - \$1 - Z(P	
TITLE		DLLETE	6.1 7(1LE	☐ Change ☐ Addilio
NAME			6.2 NAME	
STREET ADDRE	ess	•	6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-7IP	
Inform I am a	nation indicated on this annual report or	r supplemental annual report or the receiver or trustee emp	is true and accurate and powered to execute this re	tated in Section 119.07(3)(i), Florida Statutes. I further cortify that the that my signature shall have the same legal effect as if made under oath; the eport as required by Chapter 607, Florida Statutes; and that my name