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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600004388 (0)

	E, INC.					
Principal Prace of Busi	ness	Mailing Address				
423-B DUVAL STREET		423-B DUVAL STREET				
KEY WEST FL		KEY WEST FL 33040-6550	•			
				3. Date Incorporated or Qualified	3a. Date of Last R	eport
				01/25/1996		
2. Principal Place of B	at	2a. Mailing Address	una er	4. FEI Number		oplied For
21 408 DV Suite, Apt. #, etc	VAL ST	26 406 DU Suite, Apt. #, etc.	val st	65-0635918.		ot Applicable Additional
22		27		5. Certificate of Status Desired		Additional equired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
23 KEY W	EST FL	28 KEYWES	of FL	Trust Fund Contribution	Added A	
7p 2010	Country	Zip	Country	8. This corporation has liability for		. 199.032,
24 35040 9 No	ame and Address of Current		30 U.S.	Florida Statutes 10. Name and Address of New Re	Yes No	
		nogloso vigoni	81 Name			
BITTON, JA 423-B DUV/			82 Street Add			
KEY WEST			SI SI BOL ACI	Idress (P.O. Box Number is Not Acceptate	эв	
NEI WEST			83			
			84 City		85 Zin.	Code
				EY WEST	FL 3	<i>5040</i>
11. Pursuant to the pr	evisions of Sections 607.0502	2 and 607.1508, Florida Statute of Florida. Such change was as	s, the above-named co uthorized by the corpor	orporation submits this statement for the pration's board of directors. I hereby acce	ourpose of changing it the appointment as	ts registered registered
office or redistered			an in the case of the case bear		p	
office or registere agent it am familia	r with, end accept the obliga	tions of, Section 607.0505, Flor	rida Statutes.	4 . 1	1//	
SIGNATURE X				411-	7/97	
SIGNATURE Signature	typed or miled a med of registered agen	n and title if applicable (NOTE:	: Registered Agent signature req	quired when reinstating)	+10+	
SIGNATURE X		n and title if applicable (NOTE:		guired when reinstating) ADDITIONS/CHANGES TO OFFICE	+10+	
SIGNATURE Signature 12. THE D	typed or miled a med of registered agen	it and title if applicable (NOTE:	: Registered Agent signature req	guired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTOR	RS IN 12
SIGNATURE Superiore 12. THE D NAME BITTO SPREEL ADDRESS 423-B	OFFICERS AND ON, JACK DOVAL STREET	it and title if applicable (NOTE:	Registered Agent signature req	quired when reinstating)	DATE CERS AND DIRECTOR	RS IN 12
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an attachment with an address.