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

PROFIT CORPORATION ANNUAL REPORT

1997



FLÖRIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, otc. Suite, Apt. #, otc.	
CAMESVILLE FL 32609 CAMESVILLE FL 32609-2178 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 2. Principal Place of Business 2a. Ministry Address 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 2. Principal Place of Business 2a. Ministry Address 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 3. Date Incorporated or Qualified 3a. Date of Last Re O1/17/1986 3. Date Incorporated or Status Desired 3a. Date of Last Re O1/17/1986 3. Date Incorporated or Status Desired 5a. Date of Last Re O1/17/1986 3. Date Incorporated or Status Desired 5a. Date of Confidence of Status Desired 5a. Date of Confidence of Status Desired 5a. Date of Confidence of Confidence of Status Desired 5a. Date of Confidence of Confide	1811 1 88 1
2. Principal Place of Business	
2. Making Address 2. Making Address 2. Making Address 3. Making Address 3. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 2. Country 2. Page Country 3. Suite Apt. #, etc. 2. Page Country 2. Page Country 3. Suite Apt. #, etc. 3. This corporation has labelity for inlangible tax under a dealer of the page of inlanding between under a formation of the page of inlanding between the above handled control of the page of the composition of Sections 0.7 October and 15 october 15 octobe	norl
Suite. Apt #, etc. Suite. Apt #, etc. Suite. Apt #, etc. Suite. Apt #, etc. Suite. Apt #, etc. Suite. Apt #, etc. Suite. Apt #, etc. Suite. Apt #, etc. Suite. Apt #, etc. Suite. Apt #, etc. Suite. Apt #, etc. Suite. Apt #, etc. Suite. Su	lied For
City & State Ci	Applicable
City & State City & State City & State City & State Country Zip Zip	
Zip	May Be
9. Name and Address of Current Registered Agent GRAY, JAMES F 3815 NW 13TH ST, SUITE B GAINESVILLE FL 32609 10. Name and Address of New Registered Agent B2 Street Address (P.O. Box Number is Not Acceptable) B3 Name B4 City	
Section Sect	
3815 NW 13TH ST, SUITE B GAINESVILLE FL 32809 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip C 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the propose of changing its office or registered agent or both, in the Strite of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent, Jam familiar with, and accept the obligations of Soction 607, 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. Bit Director DAN 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. Bit Director DAN 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. City St. Zip 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. DIVENT ADDRESS 17. SAME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. Change 19. Change	
ANNESVILLE FL 32609 83 City FL 85 Zip C T1, Pursuant to the provisions of Sections 607 0502 and 607 1508, Fronda Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent or both, in the State of Florida Scoth change was authorized by the corporation's board of directors. I hereby accept the appointment as ragent, and accept the obligations of Sections 607 605, frontiad Statutes, the above-named corporation's board of directors. I hereby accept the appointment as ragent are frontial statement of the purpose of changing its office or registered agent or both, in the State of Florida, Scoth change was authorized by the corporation's board of directors. I hereby accept the appointment as ragent agent, and for the purpose of changing its office or registered agent or both, in the State of Florida, Scoth change was authorized by the corporation's board of directors. I hereby accept the appointment as ragent agent, and agent, a	
B4 City	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a agent, it am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature Signature by educe paradetrizary of incurred agent and table appearance (NOT) Registered Agent Signature register terms of notions DATE 12.	
TI. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature by red or prefet some of its quarted agent and attituding periode (NOT) Registered Agent Agen	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fforida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. If hereby accept the obligations of, Section 607,0506, Florida Statutes. SIGNATURE Signature, by red or printed agent and bits of a particular printed agent	ode
TITLE	
NAME GRAY, JAMES F 12 NAME 13 STREET ADDRESS 3615 NW 13TH ST, SUITE B 13 STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32609 1.4 CITY-ST-ZIP Change	IN 12
STREET ADDRESS 3615 NW 13TH ST, SUITE B 1.9 SINEET ADDRESS 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP C	Addition
CITY-ST-ZIP GAINESVILLE FL 32609	
TITLE	
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY_ST-ZIP	Addition
CITY-ST-ZIP	
TITLE DELETE 3 FITTLE Change NAME 32 NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-S1-7IF CITY-S1-7IF 34 CITY-S1-7IF Change NAME 4.1 NAME Change STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS	
NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS	TT Addition
STREET ADDRESS	Addition
CITY-51-2IP 3.4.CITY-51-7IF TITLE DELETE 4.1 TITLE Change NAME 4.2 NAME 4.2 NAME STREET ADDRESS 4.9 STREET ADDRESS 4.9 STREET ADDRESS	
TITLE DELETE 4.1 TITLE Change NAME STREET ADDRESS 4.2 NAME 4.3 STREET ADDRESS	
NAME 4. 2 NAMF 4.3 SIRLF1 ADDRESS	Addition
4.4 C(1Y - S1 - ZIP 4.4 C(1Y - S1 - ZIP)	· · · · · · · · · · · · · · · · · · ·
TITLE DELETE 5.1 TITLE Change	Addition
NAME 52 MMIE	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6+ INLE ☐ Change	Addition

14. To 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 trusted 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 attactument with an information state of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name

NAME STREET ADDRESS CITY-ST-ZIP

FILED

Feb 10 1997 8:00am

Secretary of State

352-371-63