## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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		í						- [	3. Date Incorpora	ited or Qualified	3a. Da	te of Last	Report	$\neg$
·	D						·-···		01/01/1996			- 1 1:		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	56538		<del></del>	opplied For lot Applicab	
Suite, Apt	. #. etc.		26	Suite, Apt. #, etc.									Additional	4
22	,		27	1					5. Certificate of S	tatus Desired	X.		Required	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be					
23		·	28						Trust Fund Cor	ntribution			to Fees	
Zip	<del></del>		<u> </u>	Zip		Country			8. This corporation		_			
24	25 9. Name and Address of Currel			29 30				لـــــــــــــــــــــــــــــــــــــ	Personal Property 10. Name and Ad	erty Tax due June			No No	4
7110			tont nogi	IBIGIOO AYGIII		81	Name		TO, HARRIS BITO AC	CIOSS OI NOW NO	Bistologi	Agur		$\dashv$
	MAS, FLOY					82								_
253 MERRITT SQUARE, #373-A MERRITT ISLAND FL 32952							Street	Addres	s (P.O. Box Numbe	r is Not Acceptat	ole)			1
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						84	City						Codo	_
						04	City				FL	<b>85</b> Zip	Code	
11. Pursuant	t to the provis	sions of Sections 607.0	0502 and	607.1508, Florida Stati rida. Such change was of, Section 607.0505, F	utes, the a	boy	e-named	corpor	ation submits this s	tatement for the p	ourpose of	changing	its registered	a
agent. I a	am familiar w	th, and accept the ob	oligations of	of, Section 607.0505, F	Florida Sta	tutes	S.	poration	ra boara or orrocio	is Thereby accor	or the app	Diritirioni d	3 108/5/0100	
SIGNATURE	<del></del>		<del></del>		0.75						6.150			- (
12.	Signature, typed	or printed name of registered OFFICERS			13.		nt signature	required	when reinstating) ADDITIONS/CH	ANGES TO OFFIC	DATE CERS AND	DIRECTO	RS IN 12	$\dashv$
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NAME	THOMAS.	FLOYD W			1.2 8	AME		1				-		3
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NAME		KATHLEEN M				IAME								
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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 angual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath! I am an officer or director of the comporation 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 open attechment with an address.

6.3 STREET ADDRESS

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STREET ADDRESS

EXECUIPED 120

071 97 (W-) 123

**FILED** 

Sep 10 1997 8:00am

Secretary of State