## 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 # P96000014972 (9)

## FILED Sep 19 1997 8:00am Secretary of State

TOTALL	I MAUINE IIAO						
Principal Place	of Business	Mailing Address	······································		-	8411 18818 H(B) 1881	
904 COCO PLU MARATHON FL		304 COCO PLUM ST MARATHON FL 33050-3803		,			
					02/13/1996	Last Report	
Principal Place of Business     Section 21		28. Mailing Address 26	26		4. FEI Number 45-0447238	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		J 6 Certificate of Status Desired 1 1 7 7	3.75 Additional Fee Required	
City & State		City & State	28			5.00 May Be Added to Fees	
Zip 24	Country 25	Zip <b>29</b>	Country 30		8. This corporation has liability for intangible tax unflorida Statutes		
	9. Name and Address of Curre	ent Registered Agent	81		10. Name and Address of New Registered Agen	t	
WOLFE, LARRY 200-A JOHN KNOX ROAD				Street Addre	DAVID L. MANZ set Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32303-6643			63	5800 OVERSEAS HIGHWAY SUITE #40			
_			84	City	ARATHON, FL 85	Zip Code 33050	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hammed exporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the colporation's brand of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida fatatutes.							
SIGNATURE Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalting)  DATE							
12.	OFFICERS A	ND DIRECTORS	13.	- <del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE			ECTORS IN 12 Schange Addition	
NAME	RIEGOR, JOHN C		1.2 NAME	Ì		73	
STREET ADDRESS 304 COCO PLUM ST			1.3 STREET ADDRESS			<u> </u>	
CITY-ST-ZIP	MARATHON FL 33050		1.4 CITY-ST-ZIP			R2F034	
TITLE			21 TITLE			Change Addition C	
NAME	RIEGOR, SANDRA		2.2 NAME	Ì			
STREET ADDRESS 304 COCO PLUM ST			2.3 STREET	ADDRESS			
CITY-ST-ZIP	MARATHON FL 33050		2. 4 CITY - S	1-7IP			
TITLE	☐ DELETE		3.1 TITLE	]		Change	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. C/I Y - S	T-ZIP			
TITLE		L. DELETE	4.1 TITLE			Change	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	· ZIP			
TITLE		L DELETE	5.1 TITLE			Change Addition	
NAME		•	5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		·	5.4 CITY - S	- ZIP			
TITLE		☐ DELETE	6.1 TATLE		LJ	Change	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	woothy that the information amount	and with this films choose = 1 miles	6.4 CITY-S		in Section 119 07/3Vi). Florida Statutes. Lighther cert	ify that the	

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 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 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 on an attachment with an address.

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(--) 111 0-0