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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000029622** (3)

TASKER & STEPHENS, P.A.

Principal Place of Business

1900 SOUTH HARBOR CITY BLVD.

Mailing Address

1900 SOUTH HARBOR CITY BLVD.

FILED Jun 16 1997 8:00am Secretary of State

(407)



MELBOURNE FL 32801			MELBOURNE FL 32901-4749			
					3. Date Incorporated or Qualified 3a. Date of Last Report N/A	
2. Principal P	_		2a. Mailing Address	Λ - Λ	4. FEI Number E IN # Applied For	
		GALLIE BLVD	26 244 E', EAU (Suite, Apt. #, etc.	Aurie Br	40. 59-3375 292 Not Applicable	
Suite, Apt. #, etc.			27 Suite, Apr. #, etc.		5. Certificate of Status Desired	
City & State			City & State			
1 '		BOUR BEACH	28 WOLANDARB	OUR BEACH	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☑ Added to Fees	
Zip		Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199,032.	
24 329	<u>37</u>	25 BREVARD	20 32937	30 BREVAR	Florida Statutes 🔲 Yes 🔀 No	
		e and Address of Current	t Registered Agent		10. Name and Address of New Registered Agent	
	Ker, Mol			81 Name	1	
		or city blvd.		82 Street Address (P.O. Box Number is Not Acceptable)		
	E 227A	W. 2224			4 EAST FAU GALLIE BLVD	
MEL	BOURNE I	FL 32901		83		
				84 City	85 Zip Code	
• Durament	to the provide	sions of Costions CO7 Of O	2 and 607 4600 Flacida Ctatur		AAN HARBOUR BEACH FL 33937	
office or r	egistered a	sions or sections 607.0502 gent, or both, in the State (r and 607, 1508, Florida Statute of Florida, Such change was a	es, the above-named authorized by the col	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
•	m lamiliar w	vith, and accept the obliga	tions of, Section 607.0505, Flo	orida Statutes.	· /0	
SIGNATURE	Signature type	d or printed riscle of registered apen	it and little if applicable (NOTE	LY J. TASK	ER 6 June 1997 to required whon reinstating) DATE	
12.	olginatore, type	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		☐ DELETE	1 1 THLE	Change Addition	
NAME		, MOLLY J		12 NAME		
STREET ADDRESS		HARBOR CITY BLVD. (SUITE 227A-	13 STREET ADDRESS	244 EPET EAU GALLIE BLVD	
CITY - ST - ZIP	MELBOU	IRNE FL 32901		1.4 CITY+ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	
TITLE	D		☐ DELETE	2.1 THLE	Change ☐ Addition	
NAME		ns, unda j		2 2 NAME		
STREET ADDRESS		HARBOR CITY BLVD.	SUITE 227A	2.3 STREET ADDRESS	244 EAST EAU GALLIE BLVD	
CITY-ST-ZIP	MELBOO	RINE FL 32001		2. 4 CITY - ST - ZIP	MOIAN HARBOUR BEACH, FL. 32937	
TITLE			☐ DELETE	3.1 TITLE	Change Addition	
NAME				3.2 NAME		
				3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	- 		DELETE	3.4. CITY - \$1 - ZIP	Character Addition	
NAME				4.1 TITLE 4. 2 NAME	Change Addition	
STREET ADDRESS				4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP		•		4.4 CITY - ST - ZIP		
TITLE			DELETE	5.1 TILE	Change Addition	
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY - ST - ZIP		
TITLE			DELETE	6 1 TITLE	Change Addition	
NAME				62 NAME		
STREET ADDRESS				6 3 STREET ADDRESS		
CITY-ST-ZIP				6.4 CHTY-ST-ZIP		
14. I do herek	by certify the	at the information supplied	with this filing does not qualify	y for the exemption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the d that my signature shall have the same legal effect as if made under oath; that	
l am an ol	fficer or dire	ector of the corporation or t	the receiver or trustee empowe	ered to execute this	report as required by Chapter 607, Florida Statutes; and that my name	
appears ii	n BIOCK 12 (or plack 13 it cusuded or	on an attachment with an add	ress.	(YO7)	