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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032359 (7)

FILED Jan 14 1997 8:00am Secretary of State

| Principal Place of Business 4425 MEADOW CREEK CIRLCE SARASOTA FL 34233 | Mailing Address 4425 MEADOW CREEK SARASOTA FL 34233-18 | | | | |
|--|--|--|--|---|---|
| | | | 3. Date incorporated or Qualified 04/05/1996 | 3a. Date of Las | st Report |
| 2. Principal Place of Business | 2a. Mailing Address | 19233 | 4. FEI Number | | Applied For |
| 1 4463-A Ashrow Road Suite, Apt. #, etc. | 26 P. O. Box Suite, Apt. #, etc. | (11533 | 65-0659352 | 60.7 | Not Applicable |
| 2 | 27 | | 5. Certificate of Status Desired | 7 - | 5 Additional Required |
| City & State | City & State | ۰ | 6. Election Campaign Financing | \$5.0 | 00 May Be |
| 3 SARASOTA FL | 28 SARASOTA | FL | Trust Fund Contribution | DDA D | ed to Fees |
| Zip Country 4 34233 25 | 29 34276-2233 | Country | | ∫Yes □ No | er s. 199.032, |
| Name and Address of C MORRISSETTE, PIERRE | Current Registered Agent | 81 Name | 10. Name and Address of New Rec | gistered Agent | |
| 4425 MEADOW CREEK CIRLCE SARASOTA FL 34233 | E | 82 Street Add 83 84 City | dress (P.O. Box Number is Not Acceptable | | ip Code |
| agent. Lam familiar with, and accept the | e State of Florida. Such change wa | as authorized by the corpor | orporation submits this statement for the praction's board of directors. I hereby accept | urpose of changin of the appointment | g its registered as registered |
| office or registered agent or both, in the agent 1 am familiar with, and accept the SIGNATURE. Signature types or present name of regist 12. OF FICE F | c State of Florida Such change wa e obligations of, Section 607.0505, | as authorized by the corpor. Florida Statutes. NOTE Registered Agent signature req 13. 1.1 TITE | ation's board of directors. I hereby acceptured when reinstains) ADDITIONS/CHANGES TO OFFICE PRESSORT MORE SECTE | DAYE ERS AND DIRECT | as registered ORS IN 12 |
| office or registered agent or both, in the agent 1 am familiar with, and accept the SIGNATURE. Signature types or practicitization of regist 12. OF FICEF NAME STREEL ADDRESS | c State of Florida Such change we e obligations of, Section 607.0505, accutagent action Papplicate # RS AND DIRECTORS | as authorized by the corpori Florida Statutes. NOTE: Repistered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ation's board of directors. I hereby acceptance when reinstang) ADDITIONS/CHANGES TO OFFICE Picage Moraisserre 1425 Meadow Cook Circ | DAYE ERS AND DIRECT | as registered ORS IN 12 |
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I do hereby certify that the information supplied with this bing 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.

Elizabeth M. Eiss DR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR