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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033155 (8)

Principal Place of Business Mailing Address 761 AVE O S.E. WINTER HAVEN FL 33880 WINTER HAVEN FL 33880-453											
							;	Date Incorporated or Qualified 04/12/1996	3a. Dai	te of Last Ro	eport
2. Principal P	2. Principal Place of Business			2a. Mailing Address				4, FEI Number		Ap	oplied For
21				26				59-3380559		No	ot Applicable
Suite, Apt.			27					5. Certificate of Status Desired		\$8.75 A	
City & State			City & St	City & State				Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution Added to Fees			
Ζiρ	Country		Zip			Country		8. This corporation has liability for intangible tax under s 199 032,			
24	9. Name and Address of Current		[29]			L		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
CTAI	PLES, JAME		our Legistered Añ		81	Name		U. Haine and Address of New Ne	giatoreu A	your	
761	AVE O S.E. TER HAVEN							dress (P.O. Box Number is Not Acceptable)			
AAIIA	IEU UWAEN	FL 33000		83							
					84	City		FL 85 Zip Code			Code
agent. I a	to the provisi registered ag am familiar wil	ons of Sections 607.0 ent, or both, in the Sta th, and accept the ob	502 and 607.1508, lite of Florida, Such digations of, Section	Florida Statut change was a 607.0505, Flo	es, the above authorized by prida Statutes	e-named y lhe corp s.	d corporal poration's	tion submits this statement for the p s board of directors. I hereby acce	purpose of pt the appo	changing day	s registered registered
SIGNATURE	Signature, typed	or punted name of registered	agent and tale it applicable	(NO1	L. Flegishired Age	nt signature	e required wi	her reinstating)	DATI		
12.		OFFICERS /	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI			
TITLE	PTD	IAMES D	Ĺ	DELFTE	1.1 THE					L Change	☐ Addition
NAME	STAPLES,				1.2 NAME						
STREET ADDRESS		IAVEN FL 33880			1.3 STREE 1						
CITY-ST-ZIP TITLE	VSD	INVERT PL 33000		DELETE	1.4 CHY - S 2.1 TITLE	T - ZIF	 			Change	Addition
NAME		R, GEORGE	_		2.2 NAME				'	Onlings	☐ Mudition
STREET ADDRESS	761 AVE (Ì				
CITY-ST-ZIP		AVEN FL 33880			2.3 STREET						
TITLE	1			DELETE	3.1 TillE		SEC	. & TRES.		Change	XX Addition
NAME					3 2 NAME		JOD:	IE A. STAPLES			
STREET ADDRESS					8.3 STREET	ADDRESS	761	Avenue O S.E.¶			
CITY-ST-ZIP					3 4. CHY-1	S1 - ZIF	Win	ter Haven, Florida	33880		
TITLE	☐ DELETE			4.1 TITLE	4.1 TITLE				Change	Addition	
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREET	ADDRESS					
CITY-ST-ZIP	ļ				4.4 CITY - S	T-ZIP					
TITLE			Ļ	DELETE	5.1 TITLE					Change	Addition
NAME					5.2 NAME						
STREET ADDRESS					5.3 STRLE1						
CITY-ST-ZIP	 			DELETE	5.4 CHY- S	I - ZIP	ļ	 		Change	☐ Addition
TITLE			Ĺ	-) berrit	61 FILLE				'	станув	☐ Madedon
NAME STREET ADDRESS					6.2 NAME 6.3 STREET	ADDOLCO					
DIRECT ADDRESS	1				■ 0351HI11	REDUCT 22	1				

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted shapewered 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 attentional with an address.

6.4 CITY-ST-7/P