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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039776 (5)

## FILED Apr 28 1997 8:00am Secretary of State

Prir		D. ROSE, II e of Business T CIRCLE	NC.	1448 9	g Address SAILBOAT CIRCLE NGTON FL 33414-1	5544								
										3. Date incorporated or Qualified 3a. Date of Last Repo			Report	
2. 21	Principal P	lace of Busines:	S		2a. Mailing Address					4. FEI Number 65.066 4456			pplied For lot Applicabl	
	Suite, Apt.	#, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional lequired	
	City & State			Cit	City & State					6. Election Campaign Financing		\$5.00	May Be	
_	Zip		Country	28 Zip	o	<u> </u>	ntry			Trust Fund Contribution     This corporation has liability for		e tax under :	to Fees s. 199.032,	
24		o Name en	d Address of Curi	29 ent Registere	ed Agent	30				Florida Statutes  10. Name and Address of New Re				
•	DAG	SE, AARON D		III-Distoit	A CARAIN		81	Name		IV. Some with success of from the	B.0.0100	- MOLIK		
<u> </u>	144	8 SAILBOAT ( LLINGTON FL	CIRCLE				82 83 84	Street	Addre	ss (P.O. Box Number is Not Acceptal	FL	85 Zip	Code	
	Pursuant office or r agent. I a NATURE	San	s of Sections 607.0 t, or both, in the Sta and accept the ob wrinted name of registered		Samon Ro	rse p	Z.	sidan	7	ration submits this statement for the pin's board of directors. I hereby accept the property of the property o	ourpose of the ap	of changing pointment as		
12.			OFFICERS A	ND DIRECTO		13.				ADDITIONS/CHANGES TO OFFICE	ERS AN			
TITLE					L DELETE					sider P		Change	Addition	
NAME						1.2 N/			Ma	ron Rose				
	ET ADDRESS					1.3 \$1	REET	ADDRESS	144	18 Sailboat Circle Kington, Fl 33414				
	- ST-ZIP				DELETE	1.4 Ct 2.1 Tl	1Y-S	T-ZIP	We	Mington, Fl 33414		Change	Addition	
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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 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 adachment with an address.

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4/11/02

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