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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000040548 (5)

	R SONS, INC.					
	e of Business	Mailing Address		T DE BOURD OF THE FORM OF SERVICE OF THE FORM OF THE F	31 BÖLƏL BILDI BIŞABI	(B) (04)
3625 PLEASANT ACRES RD FT PIERCE FL 34982		3625 PLEASANT ACRES RD FT PIERCE FL 34982-6602				
				3. Date incorporated or Qualified 3a. 05/06/1996	Date of Last Re	eport
2. Principal F	Pace of Business	2a. Mailing Address		4. FEI Number	Ар	plied For
21		26		65-0675104		ot Applicable
Suite, Apt.	.#, e tc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	-
23		28		Trust Fund Contribution	Added t	
Zφ	Country	Zıp	Country	8. This corporation has liability for intangit	ole tax under s.	. 199.032,
24	25 9. Name and Address of Current	29	30	Florida Statutes Yes 10. Name and Address of New Registere		
Sinis	ES, EDWARD P	r negistoreu Agerit	81 Name	IV. Hallie and Address of New Hagisters	n Main	
3625 PLEASANT ACRES RD			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	PIERCE FL 34982		Sireet Add	uress (P.O. pox number is not Acceptable)		ľ
	4		83			
	•	•	84 City		. 85 Zip (Code
			1 1 1 1	<u> </u>	L 1 '	
office or i	to the provisions of Sections 607.0502 registered agont, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a	uthorized by the corpora	ation's board of directors. I hereby accept the a	ppointment as	registered
SIGNATUHE.						
SIGNATUHE.	Signature: typed or printed name of registered ager	of and five if applicable (NOT)	E: Registered Agent signature requ	uired when reinstaling) DATE		
		of and five if applicable (NOT)				
SIGNATUHE.	Signature typed or printed name of registered ages OFFICERS AND D SIDES, EDWARD P	nt and title if applicable (NOTI	E: Registered Agent signature requ	uired when reinstaling) DATE	ND DIRECTOR	S IN 12
SIGNATURE.	OFFICERS AND OFFICERS AND D SIDES, EDWARD P 3625 PLEASANT ACRES RD	nt and title if applicable (NOTI	E: Registered Agent signature required 13.	uired when reinstaling) DATE	ND DIRECTOR	S IN 12
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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 attachment with an address.

FILED

May 02 1997 8:00am

Secretary of State