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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047952 (2)

Principal Prace of Business Mailing Address P.O. BOX 220 FLGLER BEACH FL 32136 Mailing Address P.O. BOX 220 FLGLER BEACH FL 32136 FLGLER BEACH FL 32136				3. Date incorporated or Qualified 3a. Date of Last Report		
2. Principal I	Prace of Business	2a. Mailing Address		05/31/1996 4, FEI Number	A TAI	oplied For
1		26		59338045		ot Applicabl
Suite Apt	l.#. etc	Suite, Apt. #, etc	•	5. Certificate of Status Desired		Additional equired
City & Sta	rte	City & State		6. Election Campaign Financing	\$5.00	May Be
3		28		Trust Fund Contribution	Added	to Fees
Ζ(ρ 4]	Country 25	Zip [29]	Country 30	This corporation has liability f Florida Statutes	for intangible tay under s	s. 199.032,
<u></u>	9. Name and Address of Curr			10. Name and Address of New		
BAF	RR, ARTHUR M		81 Name			
	8 S CENTRAL AVENUE		82 Street Ad	ddress (P.O. Box Number is Not Accep	table)	
FLG	GLER BEACH FL 32136		83			
			84 City		FL 65 Zip	Code
agen i: SIGNATURE	Similation Typed or providingment logistered		FIORCIA Statutes. (NOTE: Registered Agent signature re	orporation submits this statement for th tration's board of directors. I hereby ac-	DATE	
	Since the Typed or proved range of registered OFFICERS A		(NOTE: Registered Agent signature re		DATE	RS IN 12
SIGNATURE 12. TILE NAME	OFFICERS A D BARR, ARTHUR M	agent and title if applicable.	(NOTE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	equired when reinstating)	DATE FICERS AND DIRECTOR	RS IN 12
SIGNATURE 12. THE NAME SIDET ACORES	OFFICERS A D BARR, ARTHUR M 2628 S CENTRAL AVE	agent and title if applicable.	(NOTE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	equired when reinstating)	DATE FICERS AND DIRECTOR	RS IN 12
SIGINATURE 12. THE NAME SIBLET ACORESS OUTY-SI-200	OFFICERS A D BARR, ARTHUR M	agent and title if applicable.	(NOTE Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	equired when reinstating)	DATE FICERS AND DIRECTOR	RS IN 12
SIGNATURE	OFFICERS A D BARR, ARTHUR M 2628 S CENTRAL AVE	agent and title if appareable. AND DIRECTORS DELETI	(NOTE Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 21 TITLE 22 NAME	equired when reinstating)	DATE FICERS AND DIRECTOR Change	RS IN 12 Additio
SIGNATURE 12. THE NAME SIRELLACORES OUTS I - ZIE THE NAME STREELACORESS	OFFICERS A D BARR, ARTHUR M 2628 S CENTRAL AVE FLGLER BEACH FL 32138	agent and title if appareable. AND DIRECTORS DELETI	(NOTE Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	equired when reinstating)	DATE FICERS AND DIRECTOR Change	RS IN 12 Additio
SIGNATURE 12. THE NAME SIRCE ACRESS OUTS SEZE FORE SAME SAME ACRESS OUTS SEZE OUTS SEZE OUTS SEZE OUTS SEZE OUTS SEZE OUTS SEZE	OFFICERS A D BARR, ARTHUR M 2628 S CENTRAL AVE FLGLER BEACH FL 32138	agent and title if appareable. AND DIRECTORS DELETI	(NOTE Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	equired when reinstating)	DATE FICERS AND DIRECTOR Change	Additio
SIGNATURE 12. THE NAME SIREET ACCRESS THE NAME STREET ACCRESS COLY-ST-ZIP THE	OFFICERS A D BARR, ARTHUR M 2628 S CENTRAL AVE FLGLER BEACH FL 32138	agent and title if applicable. AND DIRECTORS DELETI DELETI	(NOTE Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	equired when reinstating)	DATE FICERS AND DIRECTOR Change	Additio
SIGNATURE 12. THE NAME SIREET ACCRESS CITY-SI-ZIE RULE VAME COTT-SI-ZIE THEET ACCRESS CITY-SI-ZIE VAME SIREET ACCRESS	OFFICERS A D BARR, ARTHUR M 2628 S CENTRAL AVE FLGLER BEACH FL 32138	agent and title if applicable. AND DIRECTORS DELETI DELETI	(NOTE Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	equired when reinstating)	DATE FICERS AND DIRECTOR Change	Addition
SIGNATURE 12. THE NAME SIREET ACCRESS CITY- ST-ZIE RIGHE VAME SIREET ACCRESS CITY-ST-ZIE VAME SIREET ACCRESS CITY-ST-ZIE CITY-ST-ZIE CITY-ST-ZIE	OFFICERS A D BARR, ARTHUR M 2628 S CENTRAL AVE FLGLER BEACH FL 32138	agent and title it appareable. AND DIRECTORS DELETI DELETI	(NOTE Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	equired when reinstating)	FICERS AND DIRECTOR Change Change	Additio
SIGNATURE 12. TILE NAME SIPLET ALDRESS CITY ST-200	OFFICERS A D BARR, ARTHUR M 2628 S CENTRAL AVE FLGLER BEACH FL 32138	agent and title if applicable. AND DIRECTORS DELETI DELETI	(NOTE Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	equired when reinstating)	DATE FICERS AND DIRECTOR Change	
SIGNATURE 12. THE NAME SIRET ADDRESS GITY-SI-ZIE THE SAME SAME SAME SAME SAME SAME SAME SAM	OFFICERS A D BARR, ARTHUR M 2628 S CENTRAL AVE FLGLER BEACH FL 32138	agent and title it appareable. AND DIRECTORS DELETI DELETI	(NOTE Registered Agent signature re 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	equired when reinstating)	FICERS AND DIRECTOR Change Change	Additio
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Secretary of State

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