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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF \$1A

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000049815 (9)

KARIN L. MOORE, P.A.

FILED Apr 28 1997 8:00am Secretary of State

į	Principal Place	of Business	Mailing Address			***************************************	- I INDRINGAL ULD INDIA DIIIN TOURI DERLE D	TURN MANIN MAN	<u> </u>	ii 0 iii 1 00 i	
	22 6 MAIN ST GAINESVILLE I	22 S MAIN ST Gainesville FL 32601-6	IAIN 8T Sville FL 32801-6215								
	· 						3. Date Incorporated or Qualified 06/10/1996	3a. {	Date of Last Ro	eport]
2. Principal Place of Business 2e. Mailing Address 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc.						G. FEI Number		Applied For]	
						59-33862	:02		t Applicable		
,	27 City & State City & State 28						5. Certificate of Status Desired		\$8.75 A Fee Red		
							Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	May Be	
	Zip	Country 25	7ip	Cour	1ry		8. This corporation has liability for		le tax under s.		-
	24	9. Name and Address of Curren	nt Registered Agent	30			10. Name and Address of New R				1
	MOI	ORE, KARIN L			31 Nan	ie		····			1
	22	S MAIN ST		ŀ	32 Stre	at Addre	ess (P.O. Box Number is Not Accepta	blo)			
		NESVILLE FL 32601		Ľ	JE 500	or Addition	sas (1.0. box Nulliper is Not Necepta	ole)			
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				-	34 City				85 7ip C	 Dode	-
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Horida Such change was autil agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				ites, the ab authorized	ove-nam by the c	od corpo orporati	oration submits this statement for the on's board of directors. I hereby acce	purpose i opt the ap	of changing its ipointment as i	s registered registered	
	1										
	SIGNATURE	Signature, typod or printed name of registered ag	ent and title if applicable (NO	II Regislered	Agent signa	Line require	od when reinstating)	DATE			
	12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AN	ID DIRECTOR	S IN 12] (
	TITLE	DPST	DELETE	1.1100	E				☐ Change	Addition	Ő
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	CITY-ST-ZIP TITLE								Change	Addition	۱à
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	فمحمدا ملما أهله ف	we postify that the information is well	No. 194. Alicha della a chama a canada como	Cf . f Obs.			in Continue 440 07/00/10 File state Charles	16 1			1

1. I do hereby certify that the information supplies 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 logal 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, oven an attachment with an address

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