## 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 # P96000060414 (5)

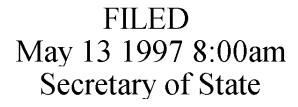
## **LEDGERS GROUP CORPORATION**

Principal Place of Business

Mailing Address

6911 SIMMONS LOOP

6911 SIMMONS LOOP RIVERVIEW FL 33569-949





RIVERVIEW FL 33569			RIVERVIEW FL 33569-9498									
									ate Incorporated or Qualified 7/16/1996	3a. Da	te of Last	Report
2. Principal P	lace of Business		2a. Mai	ling Address				<b>4.</b> FE	1 Number			Applied For
21			26						59-3393535			Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				<b>5.</b> C	ertificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & Stale			City & State					ection Campaign Financing ust Fund Contribution			0 May Be d to Fees
Zip <b>24</b>	25	ountry	Ζφ 29		30 Cou	ritry			nis corporation has liability for i	ntangible ] Yes = [	tax under	
	9. Name and A	ddress of Currer		d Agent					ame and Address of New Re			
CRO	DWE, L. G.					81	Name			-		
691	1 SIMMONS LOC ERVIEW FL 3356					82	Street A	Address (P.O	. Box Number is Not Acceptab	le)		
THY	ENVIEW FL 3330	•				83						
											T	
						84	City			FL	1	o Code
11. Pursuant office or r agent. I a	to the provisions of egistered agent, or im familiar with, and	Sections 607.050 both, in the State Laccept the obliga	2 and 607-19 of Florida S ations of, Sec	508, Florida Stal uch change wa ction 607.0505,	lutos, the at s authorize Florida Stat	oove d by utes	e-riarried the corp i.	corporation s poration's boa	ubmits this statement for the pard of directors. I hereby accept	urpose of of the appo	changing pintment a	its registered as registered
SIGNATURE	Signature, lyped or printer	daminita in the contract	i aida da d		1500							
12.	signature, typiod or printer	OFFICERS AN			13.	a Agei	nt signature	required when rein ADI	ostaticg) DITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	11 29r
TITLE	D			DELE IE	1171	ILE		1	21101070777740207007710	ENO MILE	Change	
NAME	CROWE, L. G.				12 N	ME.					_	
STREET ADDRESS	6911 SIMMON				1387	REET.	ADDRESS					
CITY-ST-ZIP	RIVERMEW FL	33569			1 4 CI	1Y - \$1	T-ZIP					
TITLE	<del>''''                                 </del>		<del></del>	DELETE	2111						Change	Addition
NAME					22 N	MF.						
STREET ADDRESS					2351	REFT.	ADDRESS					
CITY-ST-ZIP					2 4 C	ITY - S	T - 7IP					
TITLE				DELETE	3 1 II	ILF					☐ Change	Addition
NAME					3 2 N/	MF						i
STREET ADDRESS					3 3 51	HEET.	ADDRESS					
CITY - ST - ZIP					34 0	ITY-S	T - ZIP					
INUE				DELETE	4 1 TI	ILF.					Change	: Addition
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STREET ADDRESS					4 3 ST	REFT	ADDRESS					1
CITY-ST-ZIP					4.4 CI	IY-SI	I - 7IP					
TITLE				☐ DELETE	5 1 10	ſιF	1				Change	Addition
NAME					5.2 NA	MŁ	1					
STREET ADDRESS					5.3 \$1	REET	ADDRESS					
CITY-ST-ZIP		·		·	5.4 CI		I - ZiP					
TITLE				DELETE	6.1 TI	LE					☐ Change	Addition
NAME					6.2 NA	ME						
STREET ADDRESS					6.3 \$1	REFL	ADDRESS					
CITY-ST-ZIP					6.4 CI	1Y-S1	1 - 7IF					
44 Ldo horst	ar partify that the in	Angenda Marian Commence Com-	A CONTRACT OF THE REAL PROPERTY.		مناعب فوسطانه				- 440 07/01/0 Et 11 0) 1 1		112 44	

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 eath; 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 chapted, or on an attachment with an address.