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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000064373 (9)

FILED Apr 22 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 801 GARDNER ROAD ROCKLEDGE FL 32955 MAILING Address ROCKLEDGE FL 32955-8134													
								3. Date Incorp. 07/31/199	orated or Qualified	3a. D	ate of L	ast Re	port
2. Principal	Piace of Bu	isiness	28.	Mailing Address				4. FEI Number				Арр	lied For
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Suite, Apt. #, etc.			h1	Suite, Apt #, etc.				5. Certificate o	f Status Desired			. 75 Ad ee Req	dditional
22 City & St	ate		27	City & State				6 Flection Car	npaign Financing				Vay Be
23			28	- ,				Trust Fund (ded to	
741		Country		Zip	c	ountry		B. This corpora	tion has liability for			der s.	1 9 9.032,
24		25	29		30			Florida Statu		Yes			
	9. Nan	ne and Address of C	urrent Registe	ered Agent		-	No.	10. Name and	Address of New I	Registered	Agent		
	EEKS, WAL					B1	Name						
801 GARDNER ROAD ROCKLEDGE FL 32955							Street Add	dress (P.O. Box Num	ress (P.O. Box Number is Not Acceptable)				
K	JCKLEDGE	: FL 32900				83							
										·			1
						84	City			FL	85	Zip C	ode
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SiGNATURE	F	with, and accept the						rporation submits this ation's board of direct uired when reinstating)		DATE			
Signature	Stgi (thre, ty.	and or printed name of register		applicable TORS	(NOTE Registr	ered Age		uired when reinstating)	CHANGES TO OF	DATE) DIRE	CTORS	S IN 12
SiGNATURE	Signature, ty.	ord or printed name of register OF FICER:	red agent and lifte if	applicable	(NOTE Registre 1.1	ered Age 3. TITLE		uired when reinstating)		DATE		CTORS	S IN 12
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I do nereby 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 12 changed or on an attachment with an eddress.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0106679