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

PROFIT . CORPORATION ANNUAL REPORT

1997



## FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Sandra B. Mortham

DOCUMENT #

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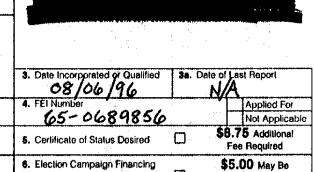
Principal Place of Business

Mailing Address

421	Hidden	River	Court	-
4.	Sadiana	<b>C</b> 1	22012	

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2. Poncipal Page of Bu	siness	2a. Mailing A	Address	
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் நடித்திரு இரு இருந்தி		Suite, Ap	ot #, etc.	
22		27	:	.
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Z10	Country	Zip	Country	
24	25	29	30	

**FILED** May 07 1997 8:00am Secretary of State



Added to Fees

Zip Code

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Parrish: Moore, P.A. 2171 Pine Ridge Road, Ste. D Naples, FL 34109 Street Address (P.O. Box Number is Not Acceptable) 83

11. Fursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	My Moar Micha	e G. MOOTE	Partner 4/29/97
	Superfuse type dior product tiame of registrated agent and fille diapplicable (NOTE	Registered Agent signature	e required whon remetaling) DAN
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
MU	DELETE	1.1 TITLE	P, D Change M Addition
HAME		1.2 NAME	Susan Watts
STREET ADDRESS		1.3 STREET ADDRESS	27421 Hidden River Court
OUA 21 785		1.4 CITY - ST - ZIP	Bonita Sourse, FL 33923
10101	☐ DELETE	2.1 TITLE	Change Addition
NAMI		2.2 NAME	Michael G. Moore
STHEET ADDRESS		2.3 STREET ADDRESS	2171 Pine Ridge Road, Ste D
CITY ST-7IP		2.4 CITY - ST - ZIP	Nacks, FL 0 34109
DILE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADORESS		3.3 STREET ADDRESS	
COTY STEZIN		3.4. CHTY - ST - ZIP	
HHF	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADORESS		4.3 STREET ADDRESS	
CHY ST ZIP		4.4 CHY-ST-ZIP	
11111	DELETE	S.1 TITLE	Change Addition
NAMI		5.2 NAME	00 5/7
STREET ADDRESS		5.3 STREET ADDRESS	( )
CITY ST. ZIP		5 4 CITY - ST - ZIP	
THIF	DELETE	6.1 TITLE	600002179456Change Addition -05/15/9701021014 ***165.00
NAME		6.2 NAME	-05/15/9701021014
STREET ADDRESS		6.3 STREET ADDRESS	***165.00
	1		

14. I do horoby 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.

SIGNATURE: