## 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 #	P96000068642	(3)

	SICAL DATA		/ICES, INC.			- (0)									
Principa	al Place of Busine	SS			Mailing Add	ress					1	I HERBINGAN ING KENIT BANK BANK <b>Ka</b> nin B	HAL BAND BANDA	MARKE BINIT OFFI	l IIAI IBBI
763 PONDEROSA PINE LANE 7			763 PONDEROSA PINE LANE SARASOTA FL 34243-1741												
										· · · · · · · · · · · · · · · · · · ·		Date Incorporated or Qualified 08/16/1996	3a. D	ate of Last R	eport
Principal Place of Business			<b></b>	2a. Mailing Address							65-0702437		No	pplied For ot Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				Б.	Certificate of Status Desired		\$8.75 / Fee Re				
City	City & State				City & State				···	6. Election Campaign Financing \$5.00 May Be					
23				28	28				Trust Fund Contribution Added to Fees						
Zip 24		Country				ountry	,		8.	tax under s No	. 199.032,				
	9, Nam		Address of Cur			ent	17				10.	Florida Statutes Name and Address of New			
	AUGHEY, ART							61	Nam	16					Ì
i	763 PONDERO							82	Stree	at Addre	ss (P	O. Box Number is Not Accept	able)	<del></del>	
SARASOTA FL 34243							83	ļ				······································			
ı								84	City	···			FL	<b>85</b> Zip (	Code
<b>11.</b> Pyr	rsuant to the prov	isions	of Sections 607.0	0502 and	607.1508, 1	lorida Statut	tes, the	above	e nam	ed corpo	oratio	n submits this statement for the			s registered
age	ce or registered a ent. Lam familiar v	igent, with, a	or both, in the St nd accept the ob	ate of Fig digations	of Section	607.0505, Fi	orida S	zeu by tatutes	y the c S.	orporauc	on s c	n submits this statement for the poard of directors. I hereby acc	ept the apt	oomumeni as	registered
SIGNAT	TURE Statuture type	ed or on	nted name of registered	heatmace	Itle if applicable	4NO	If Regist	erad Age	ent sione	ure require	d when	t reinstating)	DATE		
12.			OFFICERS.				13				-	ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12
Tille						DELETE	1.	TITLE		P/7		. D Daywollak		Change	X Addition
NAME	1							2 NAME		1'	26C	R P. POLIVCHAK RIVERBLUFF CIRCLE			}
STHEEL AD	i i	SS			- I				ADDRES			074 - PL - 3423			
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CHY-SI-2	200						2.	4 CITY-	ST-ZIP	SAI	<u>ens</u>	OTA - FL - 34243			
THLF	ŧ				L	DELETE		1 TITLE						Change	Addition
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STREET AD	DDRESS						4.	3 STREET	ADDRES	s					Ì
CITY-SI-	710						4.	4 CITY-5	ST-ZIP	<u> </u>					
T:TLF						DELETE	5.	1 TITLE						Change	☐ Addition
NAME	1						5.	2 NAME							}
SIFELLAD	DORESS						5.	3 STREET	ADDRES	s					1
Crity-St	7iP					7	_	CITY-S	ST-ZIP					7-1-0	
TITLE					Ĺ	DELETE		1 TITLE		1				Change	Addition
NAME	1							2 NAME		_					}
STHEET AC	DORESS						6.	3 STREET	ADORES	5					

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gril 28, 1897

**FILED** 

May 12 1997 8:00am

Secretary of State

(941) 366-8054

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