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

POCUMENT # P96000069043 (3)

FILED Jun 18 1997 8:00am Secretary of State

Principal Place of Business 375 BILL FRANCE BOULEVARD DAYTONA BEACH FL 32114	Mailing Address 375 BILL FRANCE BOULEV DAYTONA BEACH FL 3211		INETER PROGRES	
			3. Date Incorporated or Qualified 08/19/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3413502	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
24 25	29	30		Yes No
9. Name and Address o	Current Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
essien, godwin J 227 North Magnolia Avet Orlando FL 32801	NUE #101	Mille	He Kamseu Jess (P.O. Box Number is Not Acceptable Bill France B Honz Beach	
SIGNATURE Signalure, typed or printed name of each	he obligations of, Section 607.0505, Flank Programme Section 607.0505, Flank petercological and tale if applicable (NOT	orida Statutes. F. Registered Agent signature requi		DAIL
NAME STREET ADDRESS CITY-ST-ZIP TILE MARK BAY 375 Bill f D2V tona,	ber PVPHBDEETE France Blvd, #61 FL 32114	1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP	200 <u>002</u> 2 -06/19/ ****36	21 76026 9701106019
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME	* -	
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	2. 4 City - ST - 7/P 3.1 Title		L Change L Addition
NAME PROPERTY OF THE PROPERTY	Mariana and a Name of the Police	3.2 NAME		_ • •
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CCC THE PROPERTY OF	3 4. C(TY-ST-ZIP		Change Addition
NAME		4.1 TITLE 4.2 NAME		L Change Addition
STREET ADDRESS	1200°0	# 4.3 STREET ADDRESS		
CITY-ST-ZIP	17 6 65 02 B	4 4 CITY-ST-ZIP		
TITLE	THE THE STATE OF T	5.1 TITLE		Change Addition
NAME CHART ADDRESS		5.2 NAME		
STREET ADDRESS CITY-ST-ZIP	Manufer I	5.3 STREET ADDRESS 5.4 CITY-ST-7IP	$A \sim 1$	
TITLE			Q.aum 6/18/9	Change Addition
NAME & THE STATE OF THE STATE O		62 NAME	Uivilla	<u> </u>
STREET ADDRESS	The state of the s	6.3 STREET ADDRESS	1,11819	1
CITY-SI-ZIP		6.4 CITY-ST-ZIP	، ای ای	

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 WILLIAMS RANKOLD IN