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 # P96000069777 (6)

Principal Place 28 EAST 16 S RIVIERA BEAC	TREET	Mailing Address 28 EAST 16 STREET RIVIERA BEACH FL 33404-5	5620		
				3. Date Incorporated or Qualified 08/21/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-014-6756	Not Applicable
22	n, dio.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	Ð	City & State		6. Election Campaign Financing	\$5.00 May Be
23	·	28		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,] Yes ■ No
:4]	9. Name and Address of Curren		30	Florida Statutes 10. Name and Address of New Re	
-	to the provisions of Sections 607 050 egistered agont, or both, in the State im familia, with, and accept the philips	2 and 607,1508, Florida Statute of Florida Such change was a alions of, Section 607,0505, Flor	83	ress II.O. Box, Number is Not Acceptable 1.0. Box Supported 1.0. St	FL 85 Zip Code 3346 4 urpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable (NOTE	Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	VANMUNSTER, RICHARD G 28 EAST 18 STREET RIVIERA BEACH FL 33405	El pricit	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		Change Li Additor
TITLE	STD	☐ DELFTE	2.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	VANMUNSTER, WAHNITA K 28 EAST 16 STREET RIVIERA BEACH FL 33405		2.2 NAME 2.3 STREFT ADDRESS		
CITY-ST-ZIP	INTERIOR DESTRUCT E COTO	DELETE	2.4 CHY-S1-ZIP 3.1 THLE		☐ Chânge ☐ Additio
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Dr. rze	3.4 C(1Y+ST-Z(P		Decree Decree
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY - ST-ZIP			4.4 CITY - ST - ZIP	•	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	· ·		5.3 STREET ADDRESS		
CITY-ST-ZIP	<u>'.</u>	DELETE	5.4 CHY-S1-ZIP		Change Addition
TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAME		CT CHIQUIDS CT MODITION
STREET ADDRESS			6.3 STREET ANDRESS		

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 logal 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 changed, or or an attachment with an address.

G.4 CITY-ST-ZIP

FILED

May 14 1997 8:00am

Secretary of State