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



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COF	PROFIT RPORATION			ARTMENT OF STATE		997 8:00an
ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
Principal Place	URY DRIVE	: 	Mailing Address 92 LAKE ASBURY DRIV	VĒ		
GREEN COVE	SPRINGS FL 32043	G	Breen Cove Springs	FL 32043-9551	3. Date Incorporated or Qualified	3a. Date of Last Report
	<u> </u>				09/26/1996	
	Place of Business	<u> </u>	Mailing Address		4. FEI Number	Applied For
Suite, Apl.	#, etc.	26	Suite, Apt. #, etc.		59-3390297	Not Applica S8.75 Additional
2		27	n ' '		5. Certificate of Status Desired	Fee Required
City & Stell	0 ·		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip.	Count	28	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
4]	25	29	, ·	30		Yes No
	9, Name and Addr	ess of Current Regi	istered Agent	81 Name	10. Name and Address of New Re	gistered Agent
<i>a</i>				83 84 City		FI 85 Zip Code
agent. I a	to the provisions of Sec registered agent, or bot am familiar with, and acc	ctions 607.0502 and th, in the State of Flor cept the obligations (607,1508, Florida Sta rida. Such change wa of, Section 607,0505,	84 City	orporation submits this statement for the partion's board of directors. I hereby acceptance	FL
agent. I a SIGNATURE	am familiar with, and acc	cept the obligations of the of registered agent and tit	of, Section 607.0505,	84 City tutes, the above-named cois authorized by the corpor Florida Statutes.	gured when reinstating)	PL purpose of changing its registered the appointment as registered to the appointment as registe
agent. I a SIGNATURE	I'm familiar with, and acc	cept the obligations of	of, Section 607.0505, the if applicable (N	tutes, the above-named costs authorized by the corpor Florida Statutes. 101E. Rog stered Agona signature roots.		DATE DATE DATE DATE DATE DERS AND DIRECTORS IN 12
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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.

and 282-1559