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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1997       | See at 15  |     |
|------------|------------|-----|
|            |            |     |
| DOCUMENT # | D060000014 | \ A |

|  | VAY 17-92  | Mailing Address 3385 S. HIGHWAY 17-92 SUITE 249 CASSELBERRY FL 32707-   | 2916   |   |   |   |
|--|--|---|--|---|---|---|
|  |  |   |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Re   | eport                                       |
| 2. Principal Pl  | ace of Business  | 2a. Mailing Address   |  | 10/01/1996<br>4. FEI Number   | - Ap  | plied For                                   |
| 1]   |  | 26  |  | 59 - 3402450  |   | t Applicable                                |
| Sure Apt i   | #. etc. 213  | Suite, Apt. #, etc. 2   | 13   | 5. Certificate of Status Desired  | \$8.75 A  |   |
| City & State   | ··   | City & State  | <u> </u>   | 6. Election Campaign Financing  | \$5.00  | <del></del>                                 |
| 3]   |  | 28  |  | Trust Fund Contribution   | Added t   | o Fees                                      |
| Zip<br>4   | Country<br>25  | Zip (29)  | Country<br>30  | 8. This corporation has liability for Florida Statutes  | intangible tax under s.  Yes   No   | 199.032,                                    |
| <u> </u>   | 9. Name and Address of Curre   |   |  | 10. Name and Address of New Re  |   |   |
|  | LEY, KEVIN M   |   | 61 Name  |   |   |   |
|  | 5 S. HIGHWAY 17-92   |   | 82 Street Add  | Iress (P.O. Box Number is Not Acceptal  | ble)2/3   | <del>-,</del>                               |
|  | re 249<br>Sselberry fl 32707   |   | B3   | SUITE   |   |   |
| OAG  | OCCUPANT IL DETUT  |   | 84 City  |   | as 7in (  | Sodo  |
|  |  |   | <b>84</b> City   |   | FL 85 Zip C   | Joue  |
| office or re<br>agent. Lar   | o the provisions of Sections 607.05<br>egistered agent, or both, in the Stat<br>in familiar with, and accept the obli  | te of Florida. Such change was a  | authorized by the corpora  | poration submits this statement for the lation's board of directors. I hereby acce                        | purpose of changing its   | s registered<br>registered                  |
| office or re<br>agent. I ar<br>SIGNATURE   | egistered agent, or both, in the Stat<br>in familiar with, and accept the obli<br>Signature, type for print dinance of representa<br>OFFICERS AL   | te of Florida. Such change was a<br>gations of, Section 607:0505, Flo   | authorized by the corpora  | ition's board of directors. I hereby acce   | purpose of changing its<br>ppt the appointment as                                     | registered                                  |
| office or reagent. Lar agent. Lar SIGNATURE  12. BILL NAME STREEL ADDRESS  | egistered agent, or both, in the Stat<br>in familiar with, and accept the obli<br>Signature, type for print dinance of representa<br>OFFICERS A  | to of Florida. Such change was a gations of, Section 607.0505, Floriger and tale if applicable (NOT)  NO DIRECTORS  DELETE                      | authorized by the corpora<br>orida Statutes.  E. Registered Agent signature requ.  13.   | ition's board of directors. I hereby acce   | purpose of changing its ept the appointment as  DATE  CERS AND DIRECTOR  Change       | registered<br>S IN 12                       |
| office or reagrant. Lar agrant. Lar SIGNATURE  12. HILL HAME SIBEEL ADDRESS GITY-SU-78P  | Separated agent or both, in the State familiar with, and accept the oblication of the state of t | to of Florida. Such change was a gations of, Section 607.0505, Floriger and tale if applicable (NOT)  NO DIRECTORS  DELETE                      | E. Registered Agent signature required.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS   | ation's board of directors. I hereby acce<br>ared when reinstating)  ADDITIONS/CHANGES TO OFFI            | purpose of changing its<br>opt the appointment as<br>DATE<br>CERS AND DIRECTOR        | registered<br>S IN 12                       |
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**SIGNATURE:** 

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Apr 09 1997 8:00am

Secretary of State