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

PROFIT CORPORATION ANNUAL REPORT

1997

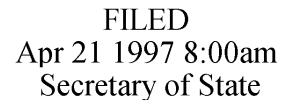


FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081998 (2)

996, INC.





Principal Place of Business Mailing Address											
435 N WASHIN SARASOTA FL			135 N WASHINGTON BLVD SARASOTA FL 34236-4237								
						3. Date Incorporated or Qualified 10/03/1996	3a. Da	ate of I	Last R	eport	
	Place of Business	2a. Mailing Address	Mailing Address			4. FEI Number			Applied For		
21 Sulte, Apt	# 010	26	Suite, Apt. #, etc.			59.3284823			Not Applicable		
22		27				5. Certificate of Status Desired S8.75 Additional Fee Required					
City & Sta		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip 24	Country 25	29 30		ountry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered	Agent			
	rd, Merrill, Cullis, Timm, et a	L		B1	Name						
	N: ROBERT E. MESSICK 3 MAIN STREET, SUITE 600			82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)					
	ASOTA FL 34237			83			******				
				84	City		FL	85	•	Code	
11. Pursuant office or a agent. I a	to the provisions of Sections 607.0502 registered agont, or both, in the State o am familiar with, and accept the obligat	and 607.1508, Florida Statu I Florida. Such change was ons of, Section 607.0505, Fl	ites, the ab authorized Iorida Statu	ove I by Ites	-named corp the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of of the app	chang ointme	ging it: ent as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO	TE: Registered	Ager	nt signature require	ed when reinstating)	DATE				
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTOR	S IN 12	
TITLE	D	☐ DELETE	1.1 TITU	LF				☐ Ch	ange	Addition	
NAME	PARISI, ERNIE		1.2 NAN	ME							
STREET ADDRESS	435 N WASHINGTON BLVD				ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34236			1.4 City - ST - ZiP 2.1 Title						1 Address	
NAME	PÓGEL, LARRY	I DELETE	2.1 BHL 2.2 NAM					∐ Ch	ange	Addition	
STREET ADDRESS	435 N WASHINGTON BLVD			-	ADDRESS						
CITY-ST-ZIP	SARASOTA-FL-34236-		2.4 CIT								
TITLE		DELETE	3.1 TITE					☐ Ch	ange	Addition	
NAME			3.2 NAM	ЛE					-		
STREET ADDRESS	·		3.3 STR	EET #	ADDRESS						
CITY-ST-ZIP			3.4. CIT	Y-\$1	r-Z(P						
TITLE		L_ DELETE	4.1 1ffL	E				Ch	ange	Addition	
NAME			4. 2 NAI	MÉ							
STREET ADDRESS			4.3 STR	£€1 #	ADDRESS						
CITY-ST-ZIP		T Street	4.4 CITY		- ZIP					F	
TITLE		☐ DELETE	5.1 TITE		1			L_] Ch	ange	Addition	
NAME			5.2 NAM								
STREET ADDRESS					LODRESS						
CITY-ST-ZIP		Dritte	5.4 City		- ZIP			- 1		4.100	
TITLE		☐ DELETE	61 TiTL					☐ Ch	ange	Addition	
NAME ATREET ARRESTO		_	6.2 NAM								
STREET ADDRESS		1			DDRESS						
CITY-ST-ZIP		//	6.4 CITY	r-\$1-	- ZIP						

14. I do hereby certify that the information supplied with his 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 of 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 of 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 ordanger or on an attachment with an address.