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

PROFIT CORPORATION ANNUAL REPORT



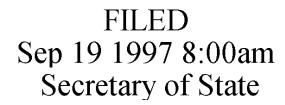
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000090485 (9)



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Principal Plac	ce of Business	Mailing Address						i arih iaili i	aili billi ili	
2929 ATLANTIC STREET 2929 ATLANTK										
							Date Incorporated or Qualified 10/23/1996	<b>3a.</b> Da	te el Last I	Report
	Place of Business	2a. Mailing Address				4	FEI Number	_		pplied For
21	4 -4-	26					59-3410345			lot Applicable
Suite, Apt		Suite, Apt. #, etc.	<u> </u>				. Certificate of Status Desired			Additional tequired
City & Sta	te	City & State				6	Election Campaign Financing	_		) Мау Вэ
23	Country		1 60	intry			Trust Fund Contribution			to Fees
Zip 24	<u></u>	···		лцту		•	This corporation has liability for		tax under : <b>X</b> No	s. 199.032,
24	25] 9, Name and Address of Curre	29  ent Registered Agent	30	ſ			Florida Statutes  L. Name and Address of New Re		-	
IALL	NN, PAUL			81	Name	:			<u> </u>	
	NN, PAUL 9 ATLANTIC STREET			ابيا	Otroni A	N cl de	(D.O. Day Number in Mad Account	No.		
	BOURNE BEACH FL 32951			02	82 Street Add		(P.O. Box Number is Not Acceptat	ле)		
10.64	DOGINE DENOTITE GEGOT			83						
				84	City				Top 1 7:-	Carlo
				04	City			FL	85 Zip	Code
SIGNATURE	to the provisions of Sections 207.05 registered againt, or both, in the Statem familiar with, and acquetione obtaining the section of the sec	1.					en roinstating) ADDITIONS/CHANGES TO OFFIC	DATE		
TITLE	0	DELETE	1.1 71	TLE					Change	Addition
NAME	MANN, PAUL			AME	Ì					!
STREET ADDRESS	2929 ATLANTIC STREET		135	TREET	ADDRESS					
CITY-ST-ZIP	MELBOURNE BEACH FL 329		1,4 CiT							
TITLE		DELETE							Change	Addition
NAME	<b>\</b>		2.2 N		-					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELFTE			ST-ZIP			· · ·	Chanoe	Addition
TITLE		LJ DELFTE	3.1 TI		-				C change	T VOTITION
NAME STREET ADDRESS			3.2 No		ADDRESS					
					ST-ZIP					
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NAME			4.2 N	IAME					<b>_</b> .	- '
STREET ADDRESS	<b>{</b>				ADDRESS					
CITY-ST-ZIP			i i		T- ZIP					
TITLE		DELETE	5.1 TI			, <u>.</u>		**	Change	Addition
NAME			5.2 N	AME						
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TITLE		DELETE	6.1 Ti	TLE	T				Change	Addition
NAME			6.2 N/	AME						
STREET ADDRESS			6.3 S	TREE1	ADDRESS					
CITY-ST-ZIP			6.4 CI				and American and A	··· , ,		
14 Idahara	by certify that the information suppli	art with this filing doos 🚮 Lough	lity for the	nvn	motion et	lated in 9	action 110 07(3)(i) Elorida Statuto	n Lhurthar	cortify the	t tho

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption information indicated by this appear in pupplemental annual report at upplemental annual report is true and accurate a I am an officer or director of the corporation of the receiver of histogram powered to execute this appears in Block 12 or week. 13 if change I, drong an attaching that an address.

of qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. If further certify that the bort is true and accurate and that my signature shall have the same legal effect as if made under oath that empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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