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 IMENT # P96000 INESS, INC.	0091759 (6)	ORPORATIONS		ary of State
Frincipal Place of Business Mailing Address 809 EAST LAKE DRIVE 809 EAST LAKE DRIVE SHALIMAR FL 32579 SHALIMAR FL 32579-2250					
				3. Date Incorporated or Qualified 11/05/1996	3a. Date of Last Report
2. Principal	Prace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3413438	Not Applicable
Suite Apr	t. #, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sti	ite	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23] Zip 24]	Country	Zip	Country 30	8. This corporation has liability for	
24.1	25 9. Name and Address of Curre		301	10. Name and Address of New Re	
LO	BNER, MICHAEL J		81 Name		
809 EAST LAKE DRIVE			82 Street Ac	idress (P.O. Box Number is Not Accepta	ble)
SH	IALIMAR FL 32579		83		
			84 City		FL 85 Zip Code
		autions of Contino 607 NEGE Ela	vida Statutos	ration's board of directors. I hereby acce	epi ine appointment as registereo
SIGNATURE	Studiated Aspeal or per limin and of magistered a	gations of, Section 607.0505, Flo	rida Statutes. : Registered Agent signature re	quired when reinstating)	DATE
.,	Studiated Aspeal or per limin and of magistered a	gations of, Section 607.0505, Flo	rida Statutes.		DATE
SIGNATURE	Standier, Spector per trainamer of rapidered a OFFICERS AI D LOBNER, MICHAEL J	gations of, Section 607.0505, Flo agent and title -I applicable (NOTE ND DIRECTORS	rida Statutes. Registered Agent signature re	quired when reinstating)	DATE CERS 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 are an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 or Chapter 607 attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-97

(901)-863-322:

FILED

Apr 09 1997 8:00am

Secretary of State

0492682