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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P9600(E R. LIMITED, INC.	00937	724 (8)							
Principal Place of Business Mailing Address							I KODINSON NO TONG DIKAN DOKEN DAKE D		0160 IIIII 16010 IIIII	
339 6TH AVE WEST BRADENTON FL 34205			339 6TH AVE WEST BRADENTON FL 34205-8820							
DIADENION	12 3420	Ding								
							 Date Incorporated or Qualified 11/12/1996 	3a.	Date of Last R	leport
	Place of Business	2a, Ma	uling Address				4. FEI Number			oplied For
21			26			65-0705384			ot Applicable	
Suite, Apt.	. #, etc.	27 Su	ite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Sta	te	Cit	y & State			٠	Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
23 Zip	Country	28 Zig		Coun	itry	· ·	This corporation has liability for			
24	25	29		30	•		Florida Statutes	Yes		. 100.002
	9. Name and Address of Curre		ed Agent				10. Name and Address of New I	legister	ed Agent	
RA1	th, robert d			1	B1	Name				
	6TH AVE WEST			Ī	B2	Street Add	dress (P.O. Box Number is Not Accept	able)		
BRA	ADENTON FL 34205				B3			_		
				[53					
				[1	B4	City		F	85 Zip	Code
 office or 	registered agent, or both, in the Stat	e of Florida :	Such change was	authorized	bν	the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	purpos	e of changing it	ts registered
agent. I	am familiar with, and accept the obli	gations of, Se	ection 607.0505, F	lorida Statu	ites.					-0
SIGNATURE	Signature, typed or printed name of registered a	occi and title d an	nicable (NO	TE: Receivered	Ageg	at signature cent	uired when reinstating)	DAT	F	··
12.	OFFICERS A			13.	Agr.	i alguature requ	ADDITIONS/CHANGES TO OF			IS IN 12
TITLE	D	1	☐ DELETE	1.1 TITE	Æ				Change	☐ Addition
NAME	RATH, RICHARD			1.2 NAM	ΜE					
STREET ADDRESS				1.3 STR	EET A	ADDRESS				
C TY - ST - ZIP	PALMETTO FL 34221			1.4 CIT		- ZIP				
TIFLE			☐ DELETE	2.1 TITU					Change	Addition
NAME				2.2 NAM						
STREET ADDRESS				ł		ADORESS				
C-TY - ST - ZIP			DELETE	2. 4 CIT	_	I - ZIP			Change	Addition
NAME				3.2 NAM						
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP				3.4. CIT	[Y - S]	T-ZIP				
TITLE			DELETE	4.1 TITL	LE				Change	Addition
NAME				4. 2 NA	ME					
STREET ADDRESS				4.3 STR	REET A	ADDRESS				
CITY-ST-7IP				4.4 C(T	Y-ST	- ZiP		_	<u> </u>	
TITLE			☐ DELETE	51 TITU					L Change	Addition
NAME				5.2 NAM						
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP			DELETE	5 4 CIT		- ZIP			Change	Addition
TITLE			C OFFER	6.1 TITU 6.2 NA					Crianife	LI HUUMIUN
NAME CIDELL ADDRESS						ADDDEGC				
STREET ADDRESS				9.3 511	VEE!	ADDRESS				

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 composition 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 an an attachment with an address.