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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600096938 (1) 1. Corporation Name Principal Place of Business Mailing Address 3120 CAMBY DRIVE 3120 CAMBY DRIVE					
DELTONA FL 32738 DELTONA FL 32738-1464					
				3. Date Incorporated or Qualified 11/22/1996	3a. Date of Last Report
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3417745	Not Applicable
Suite, Apt	i. #, BIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ile	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25 9. Name and Address of Curr	29 rent Registered Agent	[30]	Florida Statutes 10. Name and Address of New Reg	Yes No
NEI	LSON, LARRY P	tent HeBistoreo Water	81 Name	It, Hame and Address of New Res	Astereo Want
3120 CANBY DRIVE DELTONA FL 32738			<u> </u>	dress (P.O. Box Number is Not Acceptab	le)
			84 City		85 Zip Code
11. Pursuant office or agent 1:	t to the provisions of Sections 607.0 registered agent or both, in the Sta am familiar with, and accept the ob-	502 and 607.1508, Florida Statut ate of Florida Such change was ligations of, Section 607.0505, Flo	es, the above-named or authorized by the corpo- orida Statutes.	orporation submits this statement for the pration's board of directors. I hereby accept	• - , , , , , , , , , , , , , , , , , ,
SIGNATURE					
12,	Signature Typed or printed name of registered OFFICERS A	AND DIRECTORS	E: Registered Agent signature re-	ADDITIONS/CHANGES TO OFFIC	PRS AND DIRECTORS IN 12
11116	PD	DELETE	1.1 TOTLE		☐ Change ☐ Addition
NAME	NELSON, LARRY P		1.2 NAME		[]
STREET ADORESS			1.3 STREET ADDRESS		
CITY - ST - ZIP	DELTONA FL 32738	T Aniere	1.4 CITY-ST-ZIP	······································	
THUE	STD NELSON, LARRY P	C) DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	ALAA ALKINU AMEE		2.2 NAME 2.3 STREET ADDRESS		
City-ST-ZIP	DELTONA FL 32738		2.4 CITY-ST-ZIP		İ
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		-
STREET ADDRESS			3 3 STREET ADDRESS		Ì
C+TY - ST - ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET AUDRESS	}		4.3 STREET ADDRESS		}
CITY+ST-ZIF TITLE		DELETE	4.4 CITY-\$T-ZIP 5.1 TITLE		Change Addition
NAME		المال المال المال	5.2 NAME		C outside (Vanida)
SIRSE1 ADDRESS			5.3 STREET ADDRESS		
CHY-SI-7/2			5.4 CITY-ST-ZIP		+ .
Ince		DELETE	6.1 TITLE	**************************************	☐ Change ☐ Addition
NAMT			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City - ST7IP			64 CITY - CT - 710		[

14. I do hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation 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 on an attachment with an address.

SIGNATURE: Lange Problem FIGURE RECTOR Nelses Pres 4/29/57 C904) 532-5024