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CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthame

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600097896 (0)

Country

9. Name and Address of Current Registered Agent

LA PEAU NOUVELLE, P.A.

Mailing Address

Principal Place of Business 206 6TH ST E TIERRA VERDE FL 33715

Suite, Apt. #, etc.

City & State

21

22

23

24

NAME

STREET ADDRESS

SIGNATURE

Zip

2. Principal Place of Business

206 6TH ST E TIERRA VERDE FL 33715-2243

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED

98 NOV 30 PM 3: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

85

Zip Code



Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

O'NEILL, BETSY H 206 6TH ST E TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent					
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's located of directors. I hereby accept the appointment as registered. 4-98

84 City

Country

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agent. I am familiar with, and accept the obligations of, Section	y607.05	595, Flor	Ma Sta	tutes	lost	* 1	(\cdot,\cdot)	,	
SIGNATURE -	Ĺ		1012	1 6		W	Was	_	11-
Signature, typed or printed name of registered agent and title if applicable	9	MOVE	Registers	Agent signature	required who	en reinstating)			DATE

SIGNATURE -	· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed name of registered agent and little if applicable (ALOYE)	(egistere) Agent signature	e required when reinstating) DATE
12.	_ OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	Change Addition
NAME	O'NEILL, BETSY H	1.2 NAME	7000027025173.
STREET ADDRESS	206 6TH ST E	1.3 STREET ADDRESS	-12/03/9801090031
CITY-ST-ZIP	TIERRA VERDE FL 33715	1.4 CITY - ST - ZIP	****700.00 ****700.00 _
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	7000027025173 -12/03/9801090032
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	****550.00 ****200.00 .
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME L		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZI		3.4. CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADORESS	
CITY-ST-ZIP		4.4 CITY - ST-ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Qhange \ ☐ Addition

CITY-ST-ZIP 14. I do hereby certify that the information supplied with this fifing 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.3 STREET ADDRESS

6.2 NAME

appears in Block 12 or Block

813-547-5253