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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103967 (1) 1. Corporation Name

		Mailing Address 138 N JEFFERSON AVE SARASOTA FL 34237-6225				
				3. Date Incorporated or Qualified	3a. Date of Last Report	
* D.::	Ohana (A)			12/23/1996	<u> </u>	
<u></u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt #, etc.		Suite, Apt. #, etc.		65-0717649	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		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 in		
24	25 9. Name and Address of Curre	29 ant Popletored Apont	30	Florida Statutes 10. Name and Address of New Reg	Yes No	
DID		plit undistaten Washit	81 Name	10. Name and Address of New Reg	istered Agent	
	KER, JOANN A					
138 N JEFFERSON AVE SARASOTA FL 34237			82 Street Addi	ress (P.O. Box Number is Not Acceptable	e)	
OAN	ASOIA FE SHEST		83			
			84 City		FL 85 Zip Code	
11. Pursuant office or agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607.1508, Florida Statut te of Florida. Such change was a pations of, Section 607.0505. Flo	es, the above-named corporate the corporate corpor	poration submits this statement for the pution's board of directors. I hereby accept		
SIGNATURE	•					
	Signature, typed or penied name of registered a		Registered Agent signature requir		DATE	
12.	T	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	Director	☐ DELETE	1.1 TITLE		Change Addition	
NAME	Porker, John A.		12 NAME			
STREET ADDRESS	138 N. Jefferson A	ابد	1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	Porker, John A. 138 N. Jefferson A. Sorasota, FL 345	DELETE	1.4 CiTY-SY-ZiP		C Averes D Grane	
NAME		L. DEELIE	21 TITLE		Change Addition	
STREET ADDRESS			2 2 NAME			
	İ		2.3 STREET ADDRESS			
C/TY-ST-ZIP	1	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	·····	Change Addition	
NAME		- Detector	32 NAME		C Catalige C Accidion	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TIFLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-ST-2IF			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDIRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		ļ	
STREET ADDRESS			6.3 STREET ADDRESS			

6.4 CITY - ST - ZIP 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 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.

CITY-ST-ZIP

FILED

Mar 11 1997 8:00am

Secretary of State