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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED May 07 1998 8:00am Secretary of State

	1998) Secretary of State							
1	MENT # P970								
	NODIECTORIE OF ELOT IN								
Principal Plac	e of Business	Mailing Address			- 1981/1981 14 1981/1981 98/1/ 98	in boni bibil	1 3 441 31414 141	2) (ME) (125)	
5240 S SUNCOAST BLVD 5240 S SUNCOAST BLVD HOMASASSA FL 32024 HOMASASSA FL 32024)						
HUMASASSA	FL 32024	HOMASASSA FL 32024			DO NOT WRITE	IN THIS S	SPACE		
					3. Date incorporated or Qualified 06/02/1997				١
	lace of Business	2e. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number			plied For	1
Suite, Apt #, etc.		Suite, Apt. #, etc.		59-3440929		\$8.75 A	t Applicable	-	
22		27			5. Certificate of Status Desired	×	Fee Re		
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zιρ	Country	Zip	Country		8. This corporation owes or has pa	id the cur			1
24 3444	1001	29 34446	30		Personal Property Tax due June 10. Name and Address of New Re	-		No	4
OD	9. Name and Address of Cui AHAM, EUZABETH J	trent Registered Agent	81 Na	me	10. Name and Address of New Me	distanda v	- Sent		\dashv
	IO S SUNCOAST BLVD		82 Str	Roy	y M. Routh ss (P.O. Box Number is Not Acceptat	ole)			┥
	MASASSA FL 32024		<u> </u>		40 S. Suncoast Blvd.				1
			83		nosassa				1
	_		B4 Cit	•		FL	85 Zip (446	
11. Pursuant office or r	to the profisions of Sections 607.	0502 and 607.1508, Florida Statute tate of Florida Such change was a	es, the above-nar	ned corpo corporatio	vation submits this statement for the pon's board of directors. I hereby acce	ourpose of ot the appo	changing its	s registered registered	7
	m familiar with family coept the ot	bligations of, Section 607,0505, Flo Roy M. Rout				04/27/			
	Signature, typed or printed name of registered	(NOTI	E: Registered Agent sign	ature required	d when reinstating)	DATE			16
TITLE	D	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC resident	CERS AND	DIRECTOR Change	S IN 12 Addition	ع ئ
NAME	GRAHAM, ELIZABETH J	A	1.2 NAME	1	by M. Routh			Α.	13
STREET ADDRESS	5240 S SUNCOAST BLVD		1.3 STREET ADDR	SS 52	240 S. Suncoast Blvd				Įğ
CITY-ST-ZIP TITLE	HOMASASSA FL 32024	DELETE	1.4 CITY-ST-ZIP		mosassa, FL 34446		Change	Addition	46
NAME			2.2 NAME		P, Secy ames B. Graham			х	1
STREET ADDRESS			2.3 STREET ADDR	·SS 52	240 S. Suncoast Blvd	•			
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	He	omosassa, FL 34446		Change	Addition	┨
NAME			3.2 NAME				- •	_	
STREET ADDRESS			3.3 STREET ADDR	SS)					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP				Change	Addition	1
NAME		_	4. 2 NAME				_ •		
STREET ADDRESS			4.3 STREET ADDRE	ss					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY+ST-ZIP 5.1 TITLE				Change	Addition	1
NAME			5.2 NAME				-		
STREET ADDRESS			5.3 STREET ADDRE	iss					
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE				Change	Addition	1
NAME	ı		6.2 NAME	- (-		
STREET ADDRESS			6.3 STREET ADDRE	ss					
14. I hereby c	certify that the information supplied	d with this filing does not qualify fo	6.4 CITY-ST-ZIP or the exemption s	tated in S	ection 119.07(3)(i), Florida Statutes. I	further cer	tify that the	information	1
Indicated :	on mis annual renott or sullinione	antei annual report is true and acci	บะผเค ลกที ใกล้ใ 1700	signature	STIBIL DAVE THE SAME 160AL CITECT AS IT	TOROR UDA	mi Daili ina	iram an	4

of this auritar report of 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 a officer or director of the corporation in the compared 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 attrichment with an address.

SIGNATURE:

04/27/98

352-628-0041