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PROFIT CORPORATION ANNUAL REPORT

1997

103 S. INDIAN CIRCLE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00301

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(9)

103 S. INDIAN CIRCLE

FILED Jan 29 1997 8:00am Secretary of State



JOHN COLTON AND ASSOCIATES, INC.									
Principal Place of Business	Mailing Address								

COCON PL 328	22-7103	COOCH LF 95855-0819								
							Date Incorporated or Qualific 09/01/1990		ate of Last 18/1996	
	ace of Business	2a. Mailing Address				4.	FEI Number			Applied For
21		26					59-3028950			Not Applicable
Suite, Apt 22	#, etc	Suite, Apt. #, etc.				5.	Certificate of Status Desired		4	Additional Required
City & Stati	e	City & State				1	Election Campaign Financing Trust Fund Contribution	,		May Be
Ζιρ	Country	Zip	Cou	ntry	.,		This corporation has liability	for intangible		
24	25	29	30		is -manufacture		Florida Statutes	Yes [,
	9. Name and Address of Curre	ent Registered Agent				10.	Name and Address of New	Registered .	Agent	
	ton, John R.			81	Name	٠				
	S. INDIAN CIRCLE			B2	Street Add	dress (F	P.O. Box Number is Not Accer	otable)		
COC	OA FL 32922	•						, , , , , , , , , , , , , , , , , , ,		
				83		•				
				84	City				85 Zij	p Code
								FL	. '	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stam familiar with, and accept the obli	le of Florida. Such change was	: authorize:	d hv	the corpora	ation's b	board of directors. I hereby ac	ecept the app	ointment a	as registered
JIG WHOLE	Signative it perior ported name of register dia	gent and title if applicable. (NC	OTE Flagistered	Age	ni signalure requ	_		DATE		
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	D COLTON IONED	☐ DELETE	1,1 10	LE					☐ Change	e 🔲 Addition
NAME	COLTON, JOHN R.		1.2 NA	ME						
STREET ADDRESS	103 S. INDIAN CIRCLE		1.3 \$1	REET	ADDRESS					
O(TY+ST+Z)P	COCOA FL	Dr. crr	1.4 Cl		T-21P					
THTLE		☐ DELETE	2.1 T/						☐ Change	e Addition
NAME			2.2 N			*	•			
STREET ADDRESS			1		ADDRESS					
CITY - ST - ZIP TITLE		DELETE	2.4 C 3.1 Ti	******	37-21P			······································	☐ Change	e Addition
NAME			3.1 II 3.2 NA						L. Criange	, Magidion
STREET ADDRESS			ı i		4000000					
CITY-ST-ZIP					ADDRESS					
TITLE		DELETE	3.4 C 4.1 TU		11-ZIP			·	Change	e Addition
NAME			-4.2 N						L_ Onlings	,
STREET ADDRESS			· ·		ADDRESS					
CITY-ST-ZIP			4.4 CI		1					
TITLE		DELETE	5.1 TI			···········			Change	e Addition
NAME			5.2 NA	ME		•				
STREET ADDRESS					ADDRESS		·			
CITY-ST-7IP			5.4 CI							
TITLE		DELETE	6.1 TI						Change	e Addition
NAMÉ			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	ADDRESS		* · .			
CITY - ST - ZIP			6.4 CI	TY-S	T-2IP		1			

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 or or an artifactor of the corporation of the co

SIGNATURE:

AN X COULD DON'S
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

. COLTON

1/24/97 (407/636-257)

CR2E034 (9/96