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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ſ	MENT # S23177 & CLOUD CONSTRUCTION							. 11811 81811 81814	
Principal Plac	ce of Business	Mailing Address			1 (63)(9/10/10 (1000 (1))))				
3125 AMHERST ROAD P.O. BOX 239 AVON PARK FL 33825 US		P.O. BOX 239 P.O. BOX 239 AVON PARK FL 33826-0239 US			Date Incorporated or Qualified				
					01/07/1991	03/	29/1996	•	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For			
Suite, Apt.	# atc	Suite, Apt #, etc.			65-0235558	Not Applicable \$8.75 Additional			
22	, w , O 10.	27			5. Certificate of Status Desired			Additional equired	
City & Star	le	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		[28]				Trust Fund Contribution		Addod	to Fees
Zip 24	Country	Zip	F 1	Country		8. This corporation has liability for	intangibl ✓ Yes		199.032,
24	25 25 Name and Address of Curre	29 nt Registered Agent	30]	30]		Florida Statutes 10, Name and Address of New Re	gistered	Agent	
3125 P.O.	OCK, JEFFREY K. 5 AMHERST ROAD 1 BOX 239 IN PARK FL 33825			81 82 83	Name Street Addr	ess (P.O. Box Number is Not Acceptable)			
				84	City		Fl	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (No	DTF Registered			oration submits this statement for the pion's board of directors. I hereby acce and the reinstaling.	DATE	 .	
12.	OFFICERS AN	DIRECTORS DIETE	13.	·- ·		ADDITIONS/CHANGES TO OFFI	CERS AN		RS IN 12
. TITLE NAME	BROCK, JEFFREY K.			1.3 THEF 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-2IP				C Change	L_J Addition
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 239 N/A AVON PARK FL		1.3 \$1						
TITLE				2.1 1111.5				Change	Addition
NAME			2 2 NA	Μí					
STREET ADDRESS	P.O. BOX 239 N/A			23 STREET ADDRESS					
CITY-ST-ZIP TITLE	AVON PARK FL	Deter	2 4 CHY-S1-ZIP DELETE 31 THE		1 - ZIP			Change	Addition
NAME	CLOUD, CHARLES CRAIG			3.2 NAME				□ Change	L] Nugliion
STREET ADDRESS	P.O. BOX 239 N/A		3.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	AVON PARK FL		3.4. CITY - \$1 - 2(P		31 - 2 (P				
TITLE				4 1 1 T F				Change	Addition
NAME			4 2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				4.4 City - S1 - ZIP 5.1 Tille				Change	Addition
TITLE		בין אנונונ	5.2 NAME		1			L_1 Change	L J AUURO I
NAME Street address					ADDRESS				
CITY-ST-ZIP			54 CII						
TITLE		DELETE	61111					Change	Addition
NAME			6.2 NA	M(
STREET ADDRESS			6.3 \$1	KEE L	ADORESS				

14. I do horeby certify that the information supplied with this filing does not quality 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.