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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Secretary of State

377-7752

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$24806

(9)

SIGNATURE:

Principal Place 5789 HAGERMA SARASOTA FL	IN RD	Mailing Address 5789 HAGERMAN RD SARASOTA FL 34232-6117				
US		ÜS				3. Date Incorporated or Qualified 3a. Date of Last Report 01/14/1991 06/24/1996
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
Suite, Apt =	# c.le	Suite, Apt. #, etc				65-0224414 Not Applicable \$8.75 Additional
22	7 , C(0.	27				6. Certificate of Status Desired Fee Required
City & State	7	City & State				6. Election Campaign Financing \$5.00 May Be
23 Zu	Country	28	Cou	ntru		Trust Fund Contribution
Zip 24	25	├ ┐		пигу		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
	9. Name and Address of Curren		1441		·····	10. Name and Address of New Registered Agent
	ok, ruth			81	Name	
	15TH ST. EAST		Ī		Street Add	dress (P.O. Box Number is Not Acceptable)
BRAI	DENTON FL		83			· · · · · · · · · · · · · · · · · · ·
				84	City	FL 85 Zip Code
SIGNATURE	m familiar with, and accept the obliga Styrahm, typid or pix too rame of registered age OFFICERS ANE	nt and title if applicable. (NOTI	E: Registere	d Age		juired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPV	☐ DELETE	1.1 TC			Li Change Li Addition
NAME	FROST, FAITH C 5789 HAGERMAN RD		1.2 N/		*DD0EGG	
STREET ADDRESS CITY+S1+ZIP	SARASOTA FL				ADDRESS T-7/P	
TITLE				1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	FROST, FAITH C	221		2.2 NAME		
STREET ADDRESS	5789 HAGERMAN RD		2.3 \$1	TREET	ADORESS	
CITY-ST-ZIP TITEF	ARASOTA FL		2.4 C		ST-ZIP	Change Addition
NAME		T DETECT	3.2 N			Li orango Li rounan
STREET ADDRESS			3.3 \$1	TREET	ADDRESS	
CITY - \$1 - ZIP	······································		3.4 C	IIY-S	ST-ZIP	
TIME		DELÉTE	4.1 TI			Change Addition
NAME DIDECT ADDRESS			4.2 N		ADODECC	
STREET ADDRESS CITY+ST+ZIP					ADORESS T-ZIP	
THE	1.00 A	DELETE	5.1 Ti			Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 \$	TREET	ADDRESS	
CITY - ST - ZIP		T OFFICE			T - ZIP	
TITLE		☐ DELETE	6.1 TI			Change Addition
NAME expect apposes			6.2 N		AUUDEGG	
STREET ADDRESS CITY-S1-ZIP					ADDRESS T-ZIP	
14. I do hereb informatio I ani an of	on indicated on this annual report or s	supplemental annual report is to the receiver or trustee empower	fy for the rue and r rered to a	exe	mption stat	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the lat my signature shall have the same legal effect as if made under oath; that port as required by Chapter 607, Florida Statutes; and that my name