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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S37438

(6)

		Mailing Address 1580 S WOODLAND BLVC DELAND FL 32720-7709)				
					Date Incorporated or Qualified	3a. Date of Last Report	
					03/13/1991	05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26		59-3055521	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
City & Stat	A	City & State			Fee Required		
23	,	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ	Country	Zip	Country	,	8. This corporation has liability for		
24	25	29	30			Yes No	
•	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Ro	egistered Agent	
RA)	(CO.		81	Name			
C/O MAHONEY ADAMS & CRISER, P.A.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
50	N. LAURA ST., 3400 BARNETT (CENTER					
JAC	XSONVILLE FL 32202		83				
			84	City		85 Zip Code	
				,		FL	
office or r agent. La SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized by orida Statutes	the corporal	poration submits this statement for the tion's board of directors. I hereby acce	pt the appointment as registered	
	Signature, typed or printed name of registered ager		Registered Age	ent signature requi	red when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	D/P	DELETE	1.1 TITLE			Change Addition	
NAME	ERNEST, ALBERT III 1580 S WOODLAND BLVD		1.2 NAME	4000000			
STREET ADDRESS	DELAND FL 32720		1.3 STREET	İ			
CITY-ST-ZIP TITLE	CHM	DELETE	1.4 CITY-\$ 2.1 TITLE	1 - ZIP		Change Addition	
NAME	O		2.2 NAME			Change	
STREET ADDRESS	1580 S WOODLAND BLVD		2.3 STREET	ADDDECC			
CITY-ST-ZIP	DELAND FL 32720		2.4 CITY- S			- 10	
TITLE	DEDAID I C SE/ES	DELETE	3.1 TITLE	21-24	######################################	Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS	•		
Crity - St - ZrP			3.4. CITY - S	ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADORESS			
CITY - ST - ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY - ST - ZIP			5.4 CITY - S	T-2IP			
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY - ST- ZIP			64 CITY-S	T-2IP		ľ	

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 recover 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 or an attachment with an address.

CUIRE Albert Ernest III 2/17/97 904/738-0007