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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$56504

(1)

FILED Apr 07 1997 8:00am Secretary of State

MOODY & SALZMAN, P.A. Principal Place of Business Mailing Address * ANTHONY J. SALZMAN P.O. DRAWER 2759 GAINESVILLE FL 32602-2759 Mailing Address * ANTHONY J. SALZMAN P.O. DRAWER 2759 GAINESVILLE FL 32602-2759						3. Date Incorporated or Qualified 3a. Date of Last Report				
	Non-control of the control of the co					05/29/1991	04	/12/199(
H	Pace of Business	2a. Mailing Address				4. FEI Number			Applied For	
Suite Apt.	# elc:	Suite, Apt. #, etc.				59-3066893			Not Applicable Additional	
22		27				5. Certificate of Status Desired			Required	
City & Stat	le .	City & State			·	6. Election Campaign Financing		\$5.0	O May Be	
23	·	28				Trust Fund Contribution			d to Fees	
Zip	Country	Zip	<u> </u>	intry		8. This corporation has liability for	intangible	tax under	rs. 199.032,	
24	25 9. Name and Address of Current	29	30	r		Florida Statutes 10. Name and Address of New Re	Yes [
ļ		r usåisraten wäsur		81 N	ame	10. Name and Address of New Ne	Gisteren	Agent		
	LZMAN, ANTHONY J.									
500 EAST UNIVERSITY AVENUE SUITE A				82 SI	reet Addr	ess (P.O. Box Number is Not Acceptal	ole)			
	INESVILLE FL 32602-2759			B3						
J GA	114EQ41CTE LC 25005-51.39									
] 				84 C	-	poration submits this statement for the pion's board of directors. I hereby acce	FL	.	p Code	
SIGNATURE	Friedriga: typist cyfring u name o'i regy Lager OF FICERS ANI		OTE: Registere	d Agent sig		ed when reinstating) ADDITIONS/CHANGES TO OFFIG	DATE CERS AND	DIRECT	ORS IN 12	
intel	D	☐ DELETE	1.17	TLE				Change	e 🔲 Addition	
NAME	MOODY, C. GARY		1.2 N	ame						
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CHY ST-7F	GAINESVILLE FL	T progra		ITY-ST-ZU	<u> </u>			T Observe	A Addition	
1-TLF	D CALTMAN ANTHONY I	[] DELETE	2.1 11		- }			Change	e Addition	
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STREET ADDRESS C-TY+ST-ZIP	GAINESVILLE FL		- 6	HTY-ST-ZI	i					
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NAME			3.2 N					. •		
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NAME			5.2 N		}					
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CITY-ST 20F				IMEET AUD ITY-ST-ZI	· · · · · · · · · · · · · · · · · · ·					
14 1 do bece	tw certily that the information supplied	t with this filing does not au-				in Section 119.07(3)(i), Florida Statute	s I furthe	r certify th	at 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 fair 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.

SIGNATURE:

HATCHE AND TYPED OR PHILLED HAME OF SOMING OFFICER OR DIRECT

ALZMAN :

352-373-679/

0068307