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



COF	PROFIT RPORATION UAL REPORT 1997	Sandra B Secretar	TMENT OF STATE . Mortham y of State ORPORATIONS			
CONSO	MENT # \$74887 LIDATED MANAGEMENT PRO THE OF BUSINESS ENUE NORTH JING FL 33702					
and the second s				3. Date Incorporated or Qualified 08/19/1991	3a. Date of Last R 04/22/1996	eport
_	Place of Business	2a. Mailing Address		4. FEI Number	Ar	plied For
Sulte, Apt.	#. etc.	26 N/A Suite, Apt. #, etc.		59-3079775	CD 75	t Applicat
22		27		5. Certificate of Status Desired	Fee Re	
City & Stat	te	Cily & Stato		6. Election Campaign Financing	\$5.00	
Zip	Country		Country	Trust Fund Contribution 8. This corporation has liability for		
4	25		30	Florida Statutes	Yes X No	
0:01	9. Name and Address of Current	Hegistered Agent	81 Namo	10. Name and Address of New Re	gistered Agent	
	Man, William B. 73RD avenue North					
	PETERSBURG FL 33702		82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)	
			83			
			83 84 City		85 Zip (Code
11. Pursuant		and 607,1508, Florida Statuto	84 City	reporation submits this statement for the pales to be a few to the pales of the pal		
11. Pursuant office or ragent. I a SIGNATURE		and little if applicable. (NOTE	84 City	poration submits this statement for the palion's board of directors. I hereby accepalion when reinstating) ADDITIONS/CHANGES TO OFFICE	ourpose of changing it the appointment as	s register registere
SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	and little if applicable. (NOTE	84 City s, the above-named coruthorized by the corporarida Statutes.	Jiod when reinstating)	ourpose of changing it the appointment as	s register registere
SIGNATURE 12. TITLE NAME	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligate Signature, typod or printed name of registered agent OFFICERS AND PID RISMAN, ROBERT R.	and little if applicable. (NOTE DIRECTORS	84 City s, the above-named corulthorized by the corporatida Statutes. Registered Agent signature request. 13. 1.1 TITLE 1.2 NAME	Jiod when reinstating)	DATE DATE CERS AND DIRECTOR	s register registere
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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 eath; 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.

CHIPPIND BEAUTIFUL

4/3/97

(216)464-5130