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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS						Secretary of State			
	MENT #		5	(6)								
BUDGE	I FROFAIN	. H4O.										
Principal Place	of Business		Mailir	ng Address) HOTELYOLD KAR JAHAY OLUMA JOHAN SAMA			
% LEWIS WHITE 1001 SCHOOL AVE PANAMA CITY FL 32401			% LEWIS WHITE 1001 SCHOOL AVE PANAMA CITY FL 32401-5156									
0.0	15						*****		 Date Incorporated or Qualifie 10/30/1991 	l l	Date of Last R 6/10/1996	
Z, Principal Pi	ace of Busines	5	n	ailing Address					4. FEI Number		 	pplied For at Applicable
Suile, Apt.	#, etc		Suite, Apt. #, etc.					59-3114453		\$8.75		
12				27					5. Certificate of Status Desired		Fee Re	
City & State 23	9		28	ty & State					Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip		Country	70	p	ļ ₁	Countr	y		8. This corporation has liability			. 199,032,
24	0 Name an	d Address of Curren	29	ed Agent	30				Florida Statutes 10. Name and Address of New	Yes Paristers	∐ No	
WAN.	TE, LEWIS	a Address of Garres	it flogister	oo Agoin		81	Name		10, Notice allo Accides of New	- Iogistore	a rigorit	
	1 NOTTINGH	AM DR.				82	Street	Address	(P.O. Box Number is Not Accep	table)		
	IAMA CITY FI					0.	Olieel /	Addition	(1.0. Dox 140/100/16 140/ Accep	table)		
						83						
						84	City				85 Zip	Code
		16.77	5 - Joos	4500 St. 11 Dt.4						F		
office or re	eqislered aqen	t or both, in the State	of Florida.	Such change was	autho	orized b	y the corp	poration	ation submits this statement for the board of directors. I hereby ac	e purpose cept the a	ppointment as	registered
~	m familiar With,	and accept the obliga	ations of, S	ection 607.9505, Fi	iorida	Statute	·S.					ĺ
SIGNATURE	Signature, typed or p	ented halise of registrated age	era el Bielfa	pplicable (NO	TE Reg	istered Ag	ent signature	e required w	hen reinstating)	DATE		
12.		OFFICERS AN	D DIRECTO			13.		,	ADDITIONS/CHANGES TO OF	FICERS A		
THILE	DP			☐ DELFTE	ı	1.1 TITLE					L. Change	Addition 1
NAME	WHITE, LE				I	1.2 NAME						ļ
STREET ADDRESS		INGHAM DR.			ł		T ADDRESS					ļ
CITY - ST - ZIP TITLE	DS DS	ITY FL 32401		DELETE		1.4 CITY- 2.1 TITLE	S1-ZIP	 _			Channe	Addition
NAME		CQUELINE R.			ı	2.2 NAME			NST		Change EASU	
STREET ADDRESS		INGHAM DR.			ı		T ADDRESS		DIRECTOR	· 71	ERBUI	KEN
CITY-ST-ZIP		ITY FL 32401				2 4 CITY	ST-ZIP		SECRETARY			
TITLE	OT _			☐ DELETE		31 TITLE					Change	Addition
NAME	HUNT, J. V			-	ı	3.2 NAME	l	l			***	Į
STREET ADDRESS	517 TRANS	MIFTER TIB			ľ		T ADDRESS		DELE	12	i	ĺ
CITY ST ZIP		ITY FL 32401		DELETE		3.4. CITY 4.1 TITLE	·ST-ZIP	 			Change	Addition
TITLE NAME	D SINOLETO	N, EMMETT F. JR.		otten	- 1	4.7 TITLE	. I	1			C Ollargo	
STREET ADDRESS		H AVENUE					T ADDRESS		•			
City-ST-ZiP		ITY FL 32404			1	4.4 CITY-		1	· ·			1
TITLE	I A MARKET	,,,, <u>, , , , , , , , , , , , , , , , ,</u>		DELETE	_	5.1 TITLE		1			Change	Addition
NAME					J	5.2 NAME						1
STREET ADDRESS						5.3 STREE	T ADDRESS					
CITY - S1 - ZIP					_	5 4 CITY-	ST-ZIP					
TITLE				☐ DELETE	ſ	6 1 TITLE		1			Change	Addition
NAME						6.2 NAME			,			
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CITY ST-7P		A server Comment of the server Comment of the server Comment of the server of the serv	all a tale atale.	Eliza de anzala esta	Cife Con	6 4 CiTY-		L at a set in	Castion 110 07(2)(i) Etarida Cta	utoo I fi	has agatify that	tho

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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.

FILED

Jan 24 1997 8:00am

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