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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # \$92094

	DE OF BUSINESS DE PARK DRIVE	Mailing Address			***************************************				
SEMINOLE FL		SEMINOLE FL 33777-4629							
						3. Date Incorporated or Qualified 11/05/1991		ate of Last F 25/1996	Report
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		, A	pptied For	
21		26				59-3091323			ot Applicable
Suite, Apt #, etc		Suite, Apt. #. etc.			5. Certificate of Status Desired			Additional equired	
City & State		City & State			6. Election Campaign Financing			May Be	
23		28			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	intangible	tax under s	. 199.032,
24	25	29	30		**** ****			□ No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered .	Agent	
	IOLD, FRED C.			81	Name				
	WATSON & GOLDSTEIN P.A. 49TH STREET NORTH, SUITE A			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ole)		
	PETERSBURG FL 33710			83					
V 1,	I CICHODONG I C 007 IO					***************************************			····
				84	City		FL	85 Zip	Code
11. Pursuant office or agent. La	to the provisions of Sections 607 050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florid of Florida, Such chan ations of Section 607.	da Statutes, the a ge was authorize 0505. Florida Sta	bove d by	named corp the corporati	oration submits this statement for the poor's board of directors. I hereby accept	ourpose of of the app	changing is ointment as	ts registered registered
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,				•				
	Stgrature, typed or perteamane of registered age	ent and tife if applicable	rNOTE: Registere	d А ры	nt signature require	ed when reins(ating)	DATE		
12,	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D EDGO	☐ D€						Change	Addition
NAME	ARNOLD, FRED C. 9010 BAYWOOD PARK DRIVE		1.2 N						
STREET ADDRESS	SEMINOLE FL				ADDRESS				ŀ
CITY-ST-ZIP TITLE	D D	l no		ITY - ST	T-ZIP			Change	A statistics
NAME	ARNOLD, PHYLLIS H.		LETE 2.1 TI 22 No					Change	Addition
STREET ADDRESS	9010 BAYWOOD PARK DRIVE				ADDRESS				
CITY-ST-ZIF	SEMINOLE FL			:ITY-\$					
TITLE		DE			11-51			Change	Addition
NAME			32 N						
STREET ADDRESS					AODRESS				
City-S1-ZiP				JTY-S					
TITLE		☐ DE						Change	Addition
NAME			4. 2 N	IAME					
STREET ADDRESS			4.3 \$1	TAEET :	ADDRESS				
CITY+ST ZIP			4.4 CI	ITY-ST	T-7IP				
TITLE		DE	LETE 5.1 TI	TLE		**************************************		Change	☐ Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 ST	TREET	address				
CITY - S* - ZIP				TY-SI	1 - 21P				
TITLE		DE	LETE 6.1 TI	TLE				Change	Addition
NAME			6.2 N/	AME:					
STREET ADDRESS			6.3 \$1	TREET A	ADDRESS				
CITY - ST - ZIP			6.4 Ci	TY-ST	(- <i>1</i> 1P				

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name SIGNATURE:

FILED

Jan 21 1997 8:00am

Secretary of State