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

PROFIT CORPORATION ANNUAL REPORT 1997 DOCUMENT # S95752 LAURA B. WRIGHT, P.A.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sucretary of State DIVISION OF CORPORATIONS

(9)

FILED Mar 14 1997 8:00am Secretary of State

			· · · · · · · · · · · · · · · · · · ·				
Principal Place of Business Mailing Address						1 10011010 110 50101 01111 18801 01111	0184(61811 01614 81811 01911 91811 4881
110 PERRY AV FORT WALTON	ENUE I BEACH FL 32549	110 PERRY A FORT WALTO	venue N Beach FL 32	548-5512			
						3. Date Incorporated or Qualified 11/21/1991	3a. Date of Last Report 03/22/1996
	ace of Business	2a. Mailing A	ddress			4. FFI Number	Applied For
21		26				59-3103457	Not Applicable
Suite, Apt.	#, etc.	Suite, Api	#. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	Cily & Sta	ite			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country		8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30	l			Yes No
)	9. Name and Address of Cur	rent Registered Age	nt		- 	10. Name and Address of New Re	gistered Agent
	GHT, LAURA B.			81	Name		
	PERRY AVENUE T WALTON BEACH FL 32548	i			Street Add	Address (P.O. Box Number is Not Acceptable)	
				83			
				84	City		FL 85 Zip Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607. egistered agent, or both, in the Si m familiar with, and accept the ob	0502 and 607,1508, F atc of Florida Such c aligations of, Section €	orida Statutes, lange was auth 07.0505, Florida	the above lorized by a Statutes	named cor the corpora i.	poration submits this statement for the patients board of directors. Thereby accept	urpose of changing its registered of the appointment as registered
SIGNATURE	Signature, typed or posted came of urgentere.	Connect constitute of at education	(NICHE Ro	ariba di Am	ord a contract transportu	prod when reinstacrig)	DATE
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PST		DELETE	15 100			Change Addition
NAME	wright, laura B.			1.2 NAME	İ		
STREET ADDRESS	110 PERRY AVENUE			1.3 STREET	ADDRESS		l l
CITY-ST-ZIP	FORT WALTON BEACH FL			14 CHY-S	T-7IP		
TITLE	D		DELETE	2.1 1111.1			Change Addition
NAME	WRIGHT, LAURA B.			2.2 NAME			1
STREET ADDRESS	110 PERRY AVENUE		. I	23 SIREEL	ADDRESS		•
CITY-ST-ZIP	FORT WALTON BEACH FL			2 4 CH1Y - 9	1 - 70°		
TITLE		<u>L</u>	DELETE	3 1 1111.6			Change Addition
NAME			l	3.2 NAMI			į
STREET ADDRESS				335IBITI			
CITY-ST-ZIP TITLE			DETETE	34. CHY- S 4.1 THEE	ot : 241'		Change Addition
NAME		L	,	4. 2 NAME	}		
STREET ADDRESS			ľ	4.2 NAMEL 4.3 \$186E1	WARFE SC		
City-S1-ZIP				44 GHY - S			
TITLE		······	DELETE	5 1 10 LE			Change Addition
NAME			1	5.2 NAME			
STREET ADDRESS			4	5.3 \$1861	ADDRESS		\
CITY-ST-ZIP				5.4 CHY-S	ĺ		
TITLE			DELETE	6 1 IMLE	····		Change Addition
NAME				62 NAME			ha
STREET ADDRESS			1	6.3 STREET	ADDRESS	ed in Section 119,07(2)() Novin Statute	OKER
CITY-ST-ZIP]	6.4 CHY- S		WEIG, E Br	
14. I do heret	by certify that the information support indicated on this annual report	blied with this bling do or supplemental anno	es not qualify fo al report is true	or the exe	mption state	ed in Section 119.07(A)(i), Flori il Statute at my signature stryl have de same lega	s. I further certify that the

information inducated on this annual report or supplementar annual report is true and accurate and that my signature stall have as same legal council as it made under or Lam an officer or director of the corporation or the receiver or trustee enpowered to execute this report as required to Charles 607 Media Stables; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with in address