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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # VO4

101

**FILED** May 02 1997 8:00am Secretary of State

Princ pal Place of Business  18508 S.W. 67TH AVENUE ARCHER FL 32618  Mailing Address  18508 S.W. 67TH AVENUE ARCHER FL 32618								
					3. Date Incorporated or Qualified 01/01/1992	1	ite of Last F	Report
2. Principa: F	Piace of Business	2a. Mailing Address			4. FEI Number	<u></u>		pplied For
1		26			59-3098632		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional
City & Stat		City & State			6 Floring Consular Figure	<del></del>		equired
3	,,,	28			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zipi	Country	Zip	Coun	try	8. This corporation has liability for			
4	25	29	30			X Yes [		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered /	Agent	
QU	INCEY, JAMES S.		1	81 Name				
111 S,E, 1ST AVENUE Gainesville FL 32601			Ī	Street Add	dress (P.O. Box Number is Not Accepta	ible)		·
			l.					
			}*	83				
			į.	84 City	And the same of th	FL	85 Zip	Code
11. Pursuant office or i	registered agent, or both, in the Stat	e of Florida, Such change was	utes, the abo s authorized	ove-named co by the corpor	prporation submits this statement for the ration's board of directors. I hereby acceptation's	purpose or ept the app	ointment as	registered
SIGNATURE	Signature, typical or printed name of registered as	gent and thin it applicable (Ne	OTE Registered		rporation submits this statement for the ation's board of directors. I hereby acce	DATE		
SIGNATURE	Stgrature, typical or printed name of registered ag	gent and the Happlicable (Ne	OTE Registered	Agent signature req		DATE	DIRECTO	RS IN 12
SIGNATURE 12.	Signation, lysted or printed name of mg steed at OFFICE.RS AN	gent and thin it applicable (Ne	OTE Registered  13. 1.1 11TL	Agont signature req	julred when reinstaling)	DATE		
SIGNATURE  12.  THE NAME	Stposters, type-Lee printed name of mp streed at OFFICE.RS AND NORRIS, ED D.	gent and the Happlicable (Ne	OTE Rogistered  13. 1.1 TITL 1.2 NAM	Agent signature req	julred when reinstaling)	DATE	DIRECTO	RS IN 12
SIGNATURE  12. THE NAME STREET ADDRESS	OFFICERS AND NORRIS, ED D. 18506 SW 67TH AVENUE	gent and the Happlicable (Ne	OTÉ: Rogistered  13. 1.1 UTL 1.2 NAA 1.3 STR	Agont signature req .E .ME .EET ADDRESS	julred when reinstaling)	DATE	DIRECTO	RS IN 12
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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 oath; that lam 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 error an attachment with an address.

SIGNATURE: