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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V01953

(1)

FILED
May 13 1997 8:00am
Secretary of State

7146 NORTH		Mailing Address 7146 N HAVERHILL ROA WEST PALM BEACH FL US			
				3. Date Incorporated or Qualified 12/23/1991	3a. Date of Last Report 02/05/1996
2. Principal F 21	Place of Business	2a. Mailing Address		4. FEI Number 65-0301484	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25	29	30	Florida Statutes	Yes No
GA.	 Name and Address of Currer Y, JERRY D. 	nt Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
515	5 PALM ST ST PALM BEACH FL 33401		82 Street Ad-	dress (P.O. Box Number is Not Acceptable	e) 85 Zip Code
SIGNATURE	Segnatoric - typed or printed name of registered ago		utes, the above-named co authorized by the corpor florida Statutes. TE: Flegistered Agent signature req	rporation submits this statement for the pu ation's board of directors. I hereby accept pured when reinstailing? ADDITIONS/CHANGES TO OFFICE	DATE
12.	DEFICERS AN	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME STREET ADDRESS	GAY, JERRY D 7148 N HAVERHILL ROAD		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
THLE	ST GAY, JOY A.	DELETE	2.1 TITLE		Change Addition
STREET ADDRESS	7146 N HAVERHILL ROAD WEST PALM BEACH FL		22 NAME 23 STREET ADDRESS		
CITY-ST-Z-P T:TLF	TIEDY I ALITI DENOTITE	DELETE	2 4 CITY-ST-ZIP 31 TITLE		Change Addition
NAMÉ			32 NAME	RECEIVE)
STREET ADDRESS			3.3 STREET ADDRESS	JAN 1 0 199	17
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	JAN 1 U 133	Change Addition
NAME		La peacie	4. 2 NAME	Ane'd	
STREET ADDRESS			4.3 STREET ADDRESS	8 h pr w	-
CHY-ST-ZIP		1 00,000	4.4 CITY-ST-ZIP		Ohane Tauren
TITLE		☐ DELETÉ	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP	1		5.4 CITY - ST - ZIP		
THILE		. DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-7(P			6.4 CITY-ST-ZIP		

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 people 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 copioration or the receiver or trueteg improvered 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.

SIGNATURE:

GUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 512-990-0806