## 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

DOCU 1. Corporatio GOODO	MENT # VO4439 O, INC.	9 (8)			1818   1818   1818   1818   1818   1818   1818   1818   1818   1818   1818   1818   1818   1818
Principal Prace of Business Mailing Address					<del>                                    </del>
2968 MEADOW WOOD DRIVE CLEARWATER FL 34621 US		2668 MEADOW WOOD CLEARWATER FL 34621 US			
				3. Date Incorporated or Qualified 01/07/1992	3a. Date of Last Report 05/01/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applled For
21		26		59-3124619	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25   9 Name and Address of Curre	29	30	Florida Statutes  10. Name and Address of New Re	Yes No
		ent riegistered Agent	81 Name	10, Name and Address of New Ki	gistered Agent
	ODMAN, GLENN				
2868 MEADOW WOOD DRIVE CLEARWATER FL 34621			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)
	WHITH CHILL CAME!		83		
1			84 City		lee L Zin Codo
					FL 85 Zip Code
office or i agent. La SIGNATURE.	registered agent, or both, in the Sta am familiar with, and accept the obli- Storution typed or proted name of registered a		s authorized by the corpora Florida Statutes. OTE: Registered Agent signature requ	rporation submits this statement for the ation's board of directors. I hereby acceuted when reinstaling?	pt the appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TILE	D GOODMAN, GLENN	OELETE	1.1 TITLE		Change Addition
STREET ADDRESS	2868 MEADOW WOOD DRIV	F	1.2 NAME 1.3 STREET ADDRESS		
EiTY-ST-ZIP	CLEARWATER FL	•	1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	***************************************	Change Addition
NAME		-	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIF			2.4 CITY+SY-ZIP		
TIPLE		DELETE	3.1 TITLE		Change Addition
NAME	]		3.2 NAME		
STREET ADDRESS	}		3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		L. Diccin	4. 2 NAME		E onange E noonion
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-7IP	}		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	<u> </u>	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		····	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this fiting 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 of 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 it changed or on an attachment with an address.

SIGNATURE:

| 14. | 14. | 15. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16. | 16.

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May 23 1997 8:00am

Secretary of State