## 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 # V11339

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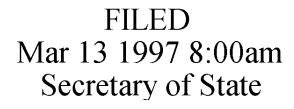
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ΙE	D.	ASBURY,	NC.

Principal Place of Business SES INTERI AVE DI UD

Mailing Address

959 INTERLAKE DIVIN





LAKE PLACID FL 33852			LAKE PLACID FL 33852-9621											
								Date Incorporated or Qualified 02/04/1992		of Last P	leport			
2. Principal F	Place of Business		2a. Mailing Address					4. FEI Number			oplied For			
21			26					65-0315026 Not Applicat						
Sulte, Apt. #, etc.			Suile, Apt. #, etc.			5. Certificate of Status Desired Section Section 5. Section 1. Sec								
City & Stat	te			City & State				6. Election Campaign Financing \$5.00 May Be						
23	Zip Country			Zip Country			Trust Fund Contribution							
24	<del>├</del> 1	odinay	· · · · · · ·	:ip	Country			8. This corporation has liability for intangible tax under s. 199,032,						
24	24 25 29 30 30 9, Name and Address of Current Registered Agent					Florida Statutes Yes No  10. Name and Address of New Registered Agent								
ASR	URY, DIXIE D.				Nan									
253	INTERLAKE BLV	n.												
	BOX 931	<b>.</b>			8:	Stro	et Addre	ess (P.O. Box Number is Not Accepta	able)					
	E PACID FL 338	25			8:	3								
١ ٩					84	City			FL	<b>85</b> Zip (	Code			
11. Pursuant office or r agent. I a	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE	Signature Typed or print	ed name of positioned agond	and tills If e	mulicatio (NOT)	C: Bon stored A	on sinns			5.175					
Signature, typed or printed name of registered agent and title II applicable. (NOTE: Register  12. OFFICERS AND DIRECTORS 13.							ure required	ADDITIONS/CHANGES TO OFF	DATE ICERS AND E	HECTOR	S IN 12			
TITLE	PD			DELETE	111016		PD	<del>)</del>		Channe	Addition			
NAME	ASBURY, DIXIE	D			1.2 NAME		AS	BURY   DIXIE D.	_					
STREET ADDRESS	PO BOX 931	· •	·	•	1.3 STREE	1 ADDRES	s 2 5	3 TNTERLAKE	BLVT	<b>,</b>				
CITY-ST-ZIP	LAKE PLACID	FL`			1.4 CiTY-	ST-ZIP	1.0	BURY   DIXIE D. 3 INTERLAKE 186 PLACID F	. 33	R5 2				
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NAME					2.2 NAME									
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CITY-ST-ZIP TITLE	<del></del>			DELETE	4.4 CITY-	S1 - ZiP				1 61				
NAME				LJ OLLLE	5.1 TOLE				L	j Change	☐ Addition			
					5.2 NAME									
STREET ADDRESS					5.3 STREE		9							
CITY-ST-ZIP TITLE				DELETE	5.4 CITY - 1 6.1 TITLE	51 - ZIP				Change	Addition			
NAME				F Office	6.2 NAME				L.	i Guange	Addition			
STREET ADDRESS						r knoores								
CITY-ST-ZIP					6.3 STREE		`							
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.