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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # V16282

(8)

FILED Feb 18 1997 8:00am Secretary of State

Principal Place 644 LAKE DEXT WINTER HAVEN	TER CIRCLE	Mailin	INC. ng Address IKE DEXTER CIRCL R HAVEN FL 33884	LE 4-2214					
						Date incorporated or Qualified 02/24/1992		te of Last 8/1996	Report
	Place of Business	2a. M	ailing Address			4. FEI Number)	Applied For
21		26				NOT APPLICABLE			Not Applicable
Suite, Apt.	#, etc	├ 1	uite, Apt. #, etc.			5. Certificate of Status Desired			Additional Regulred
City & State	0	27 Cr	ty & State			6. Election Campaign Financing			0 May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zi	р		ıntry	8. This corporation has liability for	r intangible	tax under	s. 199.032,
24	25	[29]		30			Yes [,
·····	9. Name and Address of Curr	ent Register	ed Agent		81 Name	10. Name and Address of New R	legistered /	lgent	
	N, MIKE								
644 LAKE DEXTER CIRCLE WINTER HAVEN FL 33884					82 Street Add	dress (P.O. Box Number is Not Accepte	able)		
WIN	IER HAVEN FL 33884				83		······································		
									w-
					84 City		FL	85 Zij	p Code
	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florida. ligations of, S	Such change was ection 607.0505, I	s authorize Florida Sta	id by the corpor tutes.	rporation submits this statement for the ation's board of directors. I hereby according to the control of the c	ept the app	ointment i	s registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if ag	oplicable (N			ulred when reinstating)	DATE	·	
SIGNATURE	Signature, typed or printed name of registered OFFICERS A	agent and title if ap					DATE	DIRECTO	
	OFFICERS A			OTE: Registers	id Agent signalure req	uired when reinstating)	DATE	DIRECT(DRS IN 12
12.	OFFICERS A D DEAN, MIKE		ORS	OTE: Registere	id Agent signature req	uired when reinstating)	DATE		DRS IN 12
12. TITLE	OFFICERS A D DEAN, MIKE 644 LAKE DEXTER CIRCLE		ORS	OTE: Registere 13. 1.1 Ti 1.2 N	id Agent signature req	uired when reinstating)	DATE		DRS IN 12
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4. I do hereby certify final the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 eath; 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0392226