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

FILED
Apr 09 1997 8:00am
Secretary of State

						/ U. U Ualli
	PROFIT	2 1 1 a	FLORIDA DEPART	MENT OF STATE	•	
	RPORATION JAL REPORT		Sandra B.		Secretary	of State
	1997		Secretary DIVISION OF CO			
DOCUI	MENT # V (34146	(3)			
	TREIT JANSEN,					
					E LEAR AMARA HAN AHAR MAH CIRIC AND	POBOL BURN BURN BURN BURN BURN 1884
Dring wal Dieg	a of flux open		Maille Address			
Principal Place of Business Mailing Address 1648 MAIN STREET P. O. BOX 49974						
SARASOTA FL			SARASOTA FL 34230-6974			
US			US		3. Date Incorporated or Qualified	3a. Date of Last Report
				<u> </u>	04/24/1992	04/01/1996
2. Principal P	Place of Business	Shington 12	2a. Mailing Address		4. FEI Number 65-0334218	Applied For Not Applicable
Suite, Apt.		AWALL	Suite, Apt. #, etc.			\$8.75 Additional
22]	^	DIVA / 2	7)		5. Certificate of Status Desired	Fee Required
City & Stat	åvasota	pl b	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip a A	Count	17,16	Zip	Country	8. This corporation has liability for	intangible tay under s. 199.032.
24 54	9. Name and Addr			90	Florida Statutes L. 10. Name and Address of New Re	Yes No
JANS	SEN, SHARI S		Birth	61 Name	-1.	ansen .
1648 MAIN STREET 82 Street Addr					ddress (P.O. Box Number is Not Acceptate	
SARASOTA FL 34236 [83] 1037 N. Washington Blud						
						<u> </u>
		1.6		84 City	Savasota	FL 85 3923 ()
11. Pursuant office or r	to the provisions of Se registered agent, or	Ationa 607,0502 and try, in the State of Fl	d/607.1508, Florida Statutes orida. Such change was au	s, the above-named of thorized by the corpo	orporation submits this statement for the paration's board of directors. I hereby access	ourpose of changing its registered of the appointment as registered
	m familiar with and to	dept the obligation	of, Scoton 607,0505, Flori	ida Statutes. JABI STVS	IT TAILSEN	1/1/07
SIGNATURE	Signature typed or printed nar	ne of registered agent and		Registered Agent signature re		DATE
12.	D '	OFFICERS AND THE	DELETE	13. 11 Title	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	JANSEN, SHARI S			1	Shari S. Jansen,	
STREET ADDRESS	1848 MAIN STREE	7		1.3 STREET ADDRESS	1037 N. Washington	L Blvd 1
CITY-ST-ZIP TITLE	SARASOTA FL	·	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Sanasuta CI 392	Change Addition
NAME			LJ DELLIL	2.2 NAME		Fi Aumilio Fi Mochilon
STREET ADDRESS				2.3 STREET ADDRESS		
City -ST - ZiP	,		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	·	Change Addition
NAME			T) britis	32 NAME		C Change C Maddition
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-\$1-ZIP			☐ DELETE	3 4. CITY - 57 - 2IP		Change Addition
TITLE NAME			C DECEIE	4.1 TITLE 4.2 NAME		Li cuada Li vangal
STREET ADDRESS				4.3 STREET ADDRESS		{
CHY-SI-20F			Decer	4.4 City-ST-ZIP		I Change I Ladd's
TITLE NAME			☐ DELETE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS				5.3 STREET ADDRESS		
CITY - ST - 7(F)			· · · · · · · · · · · · · · · · · · ·	5.4 CITY - ST - ZIP		
THLE			☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS				6.2 NAME 6.3 STREET ADDRESS		}
CITY ST. 70				6.5 STREET ADDRESS		}

14. 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 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 of 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 chapted, for on an attachment with an address.

CIGNATURE.

0423200