## 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 #

(3)

AND MORE INC TEACHER'S PET

TEACHER STET AND N		
Principal Place of Business	Mailing Address	<del> </del>
1708 N.W. FEDERAL HIGHWAY STUART FL 34994	1708 N.W. FEDERAL HIGHWAY STUART FL 34994-9632	
		3. Da
2. Principal Place of Business	2a. Mailing Address	4. FE
Suite Apt. #. etc	Suite: Apt #, etc.	6
22	27	<b>5.</b> Ce

## **FILED** Jan 17 1997 8:00am Secretary of State

2. Principal Place of Business							3. Date Incorporated or Qualified 05/27/1992		ate of Last Report		
· '	lace of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For	
21		26					65-0336458		No	l Applicable	
Suite Apt.	#. etc		Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional	
City & State		27	City & Ctoto						Fee Re	<u> </u>	
·····	•		City & State				6. Election Campaign Financing			May Be	
<b>23</b> Zip	Country	28	Zip	Co	untry		Trust Fund Contribution		dded t		
24	25	29	2.ιμ	30	Junuy	•	8. This corporation has liability for i	ntangible tax u ] Yes 🏻 🔲 No		199.032,	
24	9. Name and Address of Curre	المساد ومسوور	tered Agent	30	Τ-		10. Name and Address of New Re-				
WAL	TER, LORRAINE M.			·	81	Name	10. 11	giotoroa Agoni			
	8 N.W. FEDERAL HIGHWAY										
	ART FL 34994				82	Street Ade	dress (P.O. Box Number is Not Acceptab	le)			
,	THE PERSON				83			****			
i					84	City		FL 85	Zip (	Code	
11. Pursuant	to the provisions of Sections 607 05	02 and 6	i07 1508. Florida Statu	tes the	ahow	e-named co	rporation submits this statement for the p	urnose of chan	oina iti	registered	
office or r agent. La	egistered agent, or both, in the Stal m familiar with, and accept the obli	e of Flori gations o	da. Such change was f. Section 607.0505, FI	authoriz orida St	ed by atutes	the corporation	ation's board of directors. I hereby accep	t the appointm	ent as	registered	
SIGNATURE.											
12.	Signature, typed or purified name of registered is OFFICERS Af					per erutangia tne	uired when reinstating)	DATE			
TITLE	OFFICERS AI	AD DIREC	DELETE	13.	TITLE	<del></del>	ADDITIONS/CHANGES TO OFFIC		hange	Addition	
NAME.	WALTER, LORRAINE M.		L Dittil		NAME				nange	Audition	
STREET ADDRESS	2398 SE BELVEDERE ST					4000000					
CITY-ST-ZIP	PORT ST. LUCIE FL					ADDRESS					
THLE	VP		DELETE		CITY-S TITLE	51 - ZIP		ГПс	hange	Addition	
NAME	WALTER, H. SCOTT		D preent		NAME				панус	Addition	
STREET ADDRESS	2398 SE BELVEDERE ST					4000500					
CITY-ST-ZP	PORT ST. LUCIE FL					ADDRESS					
TITLE			DELETE		CHTY-S	S1-2IP		□с	hanno	Addition	
NAME			Land VICE II		NAME			ш <sup>с</sup>	uen Ac	Addition	
STREET ADDRESS						ADDRESS					
City-St-ZiP					CITY-S						
FITLE			DELETE		TITLE	21.7%		Πċ	hange	Addition	
NAME			Named Associated to		NAME			L! V	i ku i Yu	- Addition	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIF					STHEET CITY-S						
TITLE			DELETE		TITLE	01-18-		Пс	hanne	Addition	
NAME			passed or make a pr	I -	NAME			ں ب		riduidoli	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					OINEET CITY-S						
TITLE			☐ DELETE		CHY-S TITLE	1-714		□ C	hanne	Addition	
NAME			occ.		NAME			L! V	rearigic	natroull بـــ	
STREET ADORESS				- 1		ADDRESS					
SINCEL ADUNESS				0.3	oinet l	ADVINESS					

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 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 allachment with an address.

SIGNATURE:

