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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V44743

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Apr 03 1997 8:00am
Secretary of State

Pindipat Place o 9 DIAMOND BLV EESBURG PL 34	10 4509 CASAULION	Mailing Address 4509 CASAURINA RD. LADY LAKE FL 32159-5818 US			
	32154			3. Date Incorporated or Qualified 06/17/1992	3a. Date of Last Report 10/10/1996
. Principal Plac		2a. Mailing Address		4. FEI Number	Applied For
9507 Suite Apr. #	CASAULINA RA	Suite, Apt. #, etc.		59-3129906	Not Applicable
5,000 751, 4.	etto	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	·	6. Election Campaign Financing	\$5.00 May Be
LADY	LAKE PLOKIDA	28		Trust Fund Contribution	Added to Fees
700 C	Country	<b>Ζ</b> φ	Country	8. This corporation has liability for	intangible tax under s. 199.032,  Yes \[ \] No
32159	9. Name and Address of Curren	29  nt Benistered Agent	30	Florida Statutes  10. Name and Address of New Re	
WELLS	S, CONSTANCE S.		81 Name /		
	AMOND BLVD		82 Street Ad	Cross (P.O. Boy Number is Not Accepted	hia)
	BURG FL 34748		43	dress (P.O. Box Number is Not Accepta	Rs.
			83	ADU LAKE El	· · · · · · ·
,#			84 City	may muy r.	B5 Zip Code
					FL 32159
Pursuant to office or reg	the previsions of Sections 607.050 astered agent, or both, in the State	)2 and 607.1508, Florida Statute ⊧ of Florida. Such change was a	es, the above-named co authorized by the corpor	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its registered ept the appointment as registered
agost Tami	familia with and accept the oblig-	ations of Section 607,0505, Flo	orida Statutes.		2-2/197
GNATURE 🚡	Lostin & Wells	- CONSTANCE	S. WEUS) E. Registered Agent signature red		2.94.11
	comment of the control of the control of the Second of the field			nuited what, reinstation)	DATE
•	OFFICERS AN	D DIRECTORS	13.		CERS AND DIRECTORS IN 12
	OFFICERS AN <b>DST</b>	D DIRECTORS  DELETE	13.	Quired when reinstating)  ADDITIONS/CHANGES TO OFFI  3 37	
LF	DST Wells, constance s.	☐] DELETE	13.	ADDITIONS/CHANGES TO OFFI	Change Addition
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4. To make ording that the information supplied with this hing does not quality for the exhibition indicated on this annual report of 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 oriector 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 or block 13 or on an attachment with an address

SIGNATURE

GRATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-97

352-750-3/68

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