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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V44827

FILED May 13 1997 8:00am Secretary of State



SHUSTER AV Principal Place of Bu 2 TROPICAL LANE DAYTONA BEACH FL	siness	Mailing Address 2 TROPICAL LANE DAYTONA BEACH FL 32111	3-522 1			
				3. Date Incorporated or Qualified	3a. Date of Last	•
2. Principal Place of	Business	2a. Mailing Address		06/17/1992 4. FEI Number	04/16/1996	Applied For
21		26		59-3137600		Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.		1		Additional
22		27		5. Certificate of Status Desired	Fee F	Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Country	This corporation has liability for in		
24	25	29	30		Yes 💢 No	
	lame and Address of Curr	rent Registered Agent		10. Name and Address of New Reg	gistered Agent	
SHUSTER,			81 Name			
2 TROPICAL LANE DAYTONA BEACH FL 32118			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
3			83			
			84 City		FL 85 Zip	Code
44 December to the	rovinions of Sections 607.0	EOO and CO7 1500 Florida Ctatuta	n the sharp named as-	parette and a fee this statement (as the		ita anniatana
	iar with, and accept the obl	ligations of, Section 607.0505, Flo	umonzed by the corpora rida Statutes.	poration submits this statement for the p ation's board of directors. I hereby accep	ot the appointment a	s registered
SIGNATURE Signature	s, typed or printed name of registered a	agent and little if applicable (NOTE	Fogistored Agent spirature requesting.		OATE ERS AND DIRECTO	PRS IN 12
SIGNATURE Signature 12. TITLE PST	, typed or printed name of registered a OFFICERS A	agent and little if applicable (NOT)	Registered Agent a gridlure required 13.	rred when relistating)	DATE	PRS IN 12
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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 Blook 13 if chapted, or on an attachment with an address.

1.