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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

1997			Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
	MENT # V	46845	(6)							
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Principal Place of Business Mailing Address 3270 MAHAN DR 3270 MAHAN DR										
TALLAHASSE			LAHASSEE FL 32308	-5510						
				********	•••		3. Date Incorporated or Qualified 06/30/1992	3a. Date of La 05/01/19	96	
le-reg '	Place of Business	2a. A	Mailing Address				4. FEI Number	-	Applied For Not Applicable	
Suite Apt	t. #. etc		Suite, Apt. #, etc.				59-3127693	\$8.7	5 Additional	
22		27				·	5. Certificate of Status Desired	- Fe	Required	
City & SI:		28	Dity & State	Coul			Election Campaign Financing     Trust Fund Contribution	Add	00 May Be led to Fees	
Zip 24	Count 25	ry 29		30	nry		8. This corporation has liability for Florida Statutes	intangible tax und Yes  ho	er s. 199.032,	
, <u>1</u>	The second secon	ess of Current Registe	red Agent				10. Name and Address of New Ro	egistered Agent		
	DON, CURTIS G		•		81 Nar	me				
	70 MAHAN DR			ļ	82 Stre	eet Addre	ess (P.O. Box Number is Not Accepta	ble)	·	
IA	LLAHASSEE FL 3230	18		1	83			· · · · · · · · · · · · · · · · · · ·	***************************************	
				ŀ	84 City	<del></del>		ama 85	Zip Code	
				1	1,			FLII		
1	it to the provisions of Sec registered agent, or bol am familiar with, and ac	th. in the State of Florida cept the obligations of, l	: 1508; Florida Statu I. Such change was Section 607.0505; F	nes, the at authorized florida Stat	ove-nam I by the outes.	ned corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of criangii pt the appointmen	ng its registered	
SIGNATURE		ne of registered agent and tile di			Agent sign	ature require	kt when reinstating)	DATE		
12.	T <b>D</b>	OFFICERS AND DIRECT	ORS DELETE	13.	E	I On	ADDITIONS/CHANGES TO OFFI			
NAME	MOON, CURTIS O	4	C Destric	1.2 NA		1 1 -	oon, Cyrtis G.	ONCY		
STREET ADORESS					reet addre	ss 32	ble mahan Dr	100	<b>.</b>	
CITY ST-79	TALLAHASSEE FI				Y-SY-ZIP	13	allahassee F1 3	2304	3	
THEF			[] DELETE	2.1 [1]				[] Char	nge Addition	
NAME STREET ADDRESS				22 NA	me Reet adore	.00	•			
City - St - ZIP	,				TY-ST-ZIP	.35				
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MAM				3.2 NA	ME					
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STREET AHORESS	:[			•	REET ADDAE	ss				
06Y ST-76					Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		1	
DILE			☐ DELETE	5.1 (1)				Char	nge Addition	
NAM:				5.2 NA				Who	11 22/00	
STREET ADOPTESS	·				REET ADDRE	:55		70,	1100117	
Tilde		**************************************	DELETE	6.1 TII	Y-ST-ZIP LE			£ Char	vge Addition	
NAME				6.2 NA	ME		20000219 -04/24/97010	02862		
STREET ADDRESS	,			6.3 ST	reet addre	:ss	***165.00	iυε==013		
COY- \$1-20				640	Y-ST-ZIP		ಸ್ಸ್≬್ರಾ.∪∪			

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 chapted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

**FILED** 

Apr 22 1997 8:00am

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