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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 30 1997 8:00am Secretary of State

Principal Place of Business  107 W. MAIN ST.  IMMOKALEE FL 33934  US  (5)  Mailing Address  107 W. MAIN ST.  IMMOKALEE FL 34142-3926  US												
								<ol> <li>Date Incorporated or Qu 08/13/1992</li> </ol>		Date of Lat 04/25/199		
. Principal Place of Business  Suite Apt. #. etc.			——————————————————————————————————————	2a. Mailing Address			4. FEI Number 65-0372117		Applied For			
			26]	26   Suite, Apt. #, etc.   27					\$8.7	Not Applic  5 Addition		
			27						Fee Requ			
City & Stat	G.		28	City & State		,		Election Campaign Final Trust Fund Contribution	ncing		00 May Be	
Zip 4		Country 25	29	Zip		Country 30	/	8. This corporation has liab		ible tax und	er s. 199.03	92,
Ч		and Address of Cui		stered Agent				10. Name and Address of				
HALL, COLETTE 16504 BRIDGE END RD MIAMI LAKES FL 33014					81 82 83	Street Add	t Address (P.O. Box Number is Not Acceptable)					
						84	<u> </u>			85	Zip Code	
office or	registered ag	ons or Sections 607.	USUZ and t	DU7. IDU8. FIO/I						se or changir	ig ns regisi	erea
agent. La SIGNATURE	ım familiar wit	th, and accept the of	tate of Flori bligations o	ida Such char of, Section 607				poration submits this statement ation's board of directors. I herel	by accept the	appointmen	t as register	red
SIGNATURE		or printed name of registered	d agent and tri	o if applicable		Registered Ag		uired when reinslating)	DA	TÉ		
SIGNATURE 2.	Signature, typed		d agent and tri	o if applicable		E: Registered Ag			DA	re AND DIRECT	TORS IN 12	
		or printed name of registers	d agent and tri	o if applicable	(NOT	Registered Ag		uired when reinslating)	DA	TÉ	TORS IN 12	
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minimator indicated on this aircrait report or suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under or lam 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 attachment with an address.

SIGNATURE: