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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

		ARD BO	# V63278 OKS, INC.	s (8 _/)				1 2400 41310 4160 1140 1140 1001 1001 1014			
Principal Place of Business				Mailing Address	Malling Address							
1016 BUENA VISTA BLVD., P.C. PANAMA CITY FL 32401 US			PO BOX 16267 PANAMA CITY FL 32406-6267									
									3. Date Incorporated or Qualified 09/10/1992	1 .	e of Last F 1/1996	•
2. P	rincipal P	lace of Busin	1088	2a. Mailing Addre	2a. Mailing Address				4. FEI Number	1 00/1		pplied For
21				26								ot Applicable
j s	ulte, Apt.	#, etc.		Suite, Apt #, e	Suite, Apt #, etc.				5. Certificate of Status Desired			Additional
22	22 City & State			27					6. Certificate of Status Desired		Fee R	oquired
23	ny & State			City & State				6. Election Campaign Financing	_		May Be	
231	(p		Country	Z _I p	Countr			Trust Fund Contribution			to Fees	
24	Ψ	25 29		30	—			8. This corporation has liability for i		ax under s I No	i. 199.032 _i	
		9, Name	and Address of Curren		30	1			10. Name and Address of New Re			
	MUL	LIGAN, GE	ORGE R.			81	Nan	ne	,			
1016 BUENA VISTA BLVD.								et Addre	ss (P.O. Box Number is Not Acceptab	۵)		
PANAMA CITY FL 32401					82				0)			
				4		83	1					
						84	City	,			85 Zip	Code
							1			FL	' '	
111, [Pursuant i office or re	to the provis egistered ag	ions of Sections 607.0502 logs, or both, in the State	? and 607.1508, Florida of Florida. Such chang	a Statutes, i ie was auth	the abov orized b	e-nam v the c	ed corpo corporatio	ration submits this statement for the p on's board of directors. I hereby accep	urpose of c	:hanging i	ts registered
. 8	agent. I a	m familiar wi	tind accept the obliga	tions of, Section 607.0	505, Florida	a Statute	s.	,	2 -10	~		· r g / c i c i c c
SIGN	NATURE	Signature, typed	ov printed page registered ener	it and little if application	/MOTE Re	nictored Ac	osl e coa	dura rasurra	3-/0 when reinstating)	DATE		
12.		0.01.01.01	OFFICERS AND		, Acre re	13.	eri agrio	lore required	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE		D	D DELETE		E1E	1.1 TITLE					Change	Addition
NAME	İ	MULLIGA	N, GEORGE R.			1.2 NAME						
STREET	T ADDRESS		eña vista blvd.			1.3 STREE	1 ADDRES	is				
CITY-S	ST-ZIP	PANAMA	CITY FL			1.4 CITY - 5	ST-ZIP					
TITLE		D		☐ DELE	E1Ë	2.1 TITLE					Change	Addition
NAME			n, barbara			2.2 NAME						
STREET	F ADDRESS		ena vista blvd.			2.3 STREET	T ADDRES	is				
СПҮ-5	ST-ZIP	PANAMA	CITY FL			2.4 CITY-	ST-ZIP					
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NAME						3.2 NAME						
	ADDRESS					3.3 STREET		s				
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NAME				[_] bc(t	ETE	4.1 TITLE				L	_] Change	Addition
	ADORESS					4. 2 NAME						
CITY-S	- 1					4.3 STREET		2				
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NAME	ſ				i	5.2 NAME				L		
	ADDRESS					5.3 STREET	ADDRES	s				
CITY-S						5.4 CHY-9		-				
TITLE				DELE	ETE	61 TRLE		1		<u></u>	Change	Addition

-ST-ZIP 1 6.4 CHY-ST-ZIP

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 attachment with an address.

63 STREET ADDRESS

6.2 NAME

FILED

Mar 13 1997 8:00am

Secretary of State