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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # **V74150**

(6)

Principal Place of Business Malling Address 4381 INDEPENDENCE CT. UNIT C Malling Address UNIT C								
SARASOTA FL	34234	SARASOTA FL 34234-	1722		Date Incorporated or Qualified	3a, Date of Las	it Report	7
					10/23/1992	03/25/1990		
—`¬ '		2a. Mailing Address	. Mailing Address				Applied For]
21	, , , , , , , , , , , , , , , , , , ,	26			65-0365733		Not Applicable	<u>.</u>
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee	5 Additional Required	
City & Stat	e	City & State			6. Election Campaign Financing		00 May Be	
23 Z _I D	Country	28 Zip	Cou	intry	Trust Fund Contribution 8. This corporation has liability for		ed to Fees	-
24	25	29	30	,		Yes No	# B. 199.002,	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent]
	SLEY, ERIC R.			81 Name				
4381 UNIT	I INDEPENDENCE CT.			82 Street Ad	dress (P.O. Box Number is Not Acceptab	ole)		
	ASOTA FL 34234			83				+
Unit	MOOIN I E OTEOT				·····			
				84 City		FL 85 2	?ip Code	
agent Fa	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Fiorida S of Florida. Such change v ations of, Section 607.050	tatutes, the a was authorize 5, Florida Sta	bove-named co d by the corpor lutes.	rporation submits this statement for the praction's board of directors. I hereby accel	ourpose of changin of the appointment	g its registered as registered	
SIGNATURE.	Signature, typied or printed name of registered ag	ent and title if applicable.	(NOTE: Flegislere	d Agent signature req	quired when reinstating)	DATÉ]_
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			_]જ્વ
TITLE	PD DELETE			į.		L Chan	ge Addition	CR2E034 (9/96)
NAME	BEASLEY, ERIC R. 4381 INDEPENDENCE CT.		1.2 N					察
STREET ADDRESS	SARASOTA FL			TREET ADDRESS				liji K
CITY - ST - ZIP TITLE	SANASUIA FE	DELETE		ITY-ST-ZIP		Chan	ge	-18
NAME	E DECENT		2.1 v			C Citan	V Manipul	'
STREET ADDRESS			1	THEET ADDRESS				1
CHY-ST-ZIP				CITY-ST-ZIP				ļ
TITLE		DELETE				Chan	ge Addition	ī
NAME			3.2 N	AME				
STREET ADDRESS			335	TREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				1
TITLE		DELETE	4.1 T	πL€		☐ Chan	ge 🔲 Addition	1
NAME			4.21	IAME				1
STREET ADDRESS			4.3 S	TREET ADDRESS				
CITY-ST-ZIP				ITY-ST-ZIP				
TITLE		DELETE			**	Chan	ge Addition	1
NAME			5 <i>2</i> N		***			
STREET ADDRESS			535	TREET ADDRESS	+ - 4 			
CITY - ST - ZIP		- OF ST		ITY-ST-ZIP			no 1 dai:	_
TITLE		☐ DELETE		4		Chan	ge Addition	'
NAME			6.2 N	ı				
STREET ADDRESS	(TREET ADDRESS				
CITY-ST-ZIP			6.4 0	ITY-ST-ZIP				

14. I do hereby cortify 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 (changed, or on an attachment with an address.