FILE NOW: FILING FEE IS \$61.25

--NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

· 1997

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City & State City & State City & State City & State 28	1. Corporation	Name 73/74	0 (1)					
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TALLAHASSEE FL 32304 TALLAHASSEE FL 32304-2727 3. Date Incorporated or Qualified 01/05/1977 4. FEI Number 59-6547532 Not Applicable or State 28. The Applicable of Status Desired 159-6547532 Not Applica	Principal Place of Business Mailing Address							
2. Principal Prace of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Cuntry 8c. Certificate of Status Desired Desired Desired Status Desired De								
Suite, Apt. #, etc. City & State City & State City & State Zip Country Sit This corporation has liability for intangible tax under s. 199 032. Florida Statutes Florida Statutes Florida Statutes No Sitreet Address of New Registered Agent Sitreet Address (P.O. Box Number is Not Acceptable) The summand address of New Registered Agent Sitreet Address (P.O. Box Number is Not Acceptable) The summand address of Cutrent Registered Agent Sitreet Address (P.O. Box Number is Not Acceptable) The summand address of Cutrent Registered Agent Sitreet Address (P.O. Box Number is Not Acceptable) The summand address of Cutrent Registered Agent Sitreet Address (P.O. Box Number is Not Acceptable) The summand address of Cutrent Registered Agent Sitreet Address (P.O. Box Number is Not Acceptable) The summand Address of Cutrent Registered Agent Sitreet Address (P.O. Box Number is Not Acceptable) The summand Address of Cutrent Registered Agent Sitreet Address (P.O. Box Number is Not Acceptable) The summand Address of Cutrent Registered Agent Sitreet Address (P.O. Box Number is Not Acceptable) The summand Address of New Registered Agent Sitreet Address (P.O. Box Number is Not Acceptable) The summand Address of New Registered Agent Sitreet Address (P.O. Box Number is Not Acceptable) The summand Address of New Registered Agent Sitreet Address (P.O. Box Number is Not Acceptable) The summand Address of New Registered Agent Sitreet Address (P.O. Box Number is Not Acceptable) The summand Address of New Registered Agent						3. Date Incorporated or Qualified 01/05/1977		
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21 25 29 30 30 8. This corporation has liability for intangible tax under s. 199 032, Plorida Statutes 76 No Name and Address of Current Registered Agent 10. Name and Address of New Registered	City & State	<i>^</i>						
9. Name and Address of Current Registered Agent CREEL, A. LAMAR 1940 GLORIA DRIVE TALLAHASSEE FL 32303 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typict or period rame of registered agent and tixe if applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE SIGNATURE SIGNATURE Clamana, Herry Change Addition 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE SIGNATURE Clamana, Herry Change Addition 14. CITY-ST-ZIP DELETE 11. TITLE CARNER, JOHN 14. CITY-ST-ZIP ORANIE Addition Addition Change Addition Addition Change Addition	Zip	Country			try	· · · · · · · · · · · · · · · · · · ·		
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HAVANA FL 6.4 CITY-\$1-ZIP CHTY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

3641 WESTMORLAND DRIVE

TALLAHASSEE, FL 00000

DAVIS, MORRIS

RT 1 BOX 2738 NA

STREET ADDRESS

STREET ADDRESS

D

CHTY-ST-ZIP

TITLE

575.4054

Change

Addition

FILED

Mar 04 1997 8:00am

Secretary of State