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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # 320497

(1)

F.P.I.S., INC.

## **FILED** Apr 23 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				1 100100 41/10 1001; 804; 61410 1001 1	
220 STORY ROAD OCOEE FL 34761-3006		220 STORY ROAD OCOEE FL 34761-3038			
				3. Date Incorporated or Qualified 08/29/1967	3a. Date of Last Report 02/01/1996
·	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt.	4 00	Suite, Apt. #, etc.		59-1172680	Not Applicable
22	#, <del>U</del> (C.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	TO 45 444	Trust Fund Contribution	Added to Fees
zip 24 34761	-3096 25 USA	29 34761-309(30)	Country USA	8. This corporation has liability for i     Florida Statutes      10. Name and Address of New Reg	Yes No
9. Name and Address of Current Registered Agent 10. No. No. No. No. No. No. No. No. No. No				10. Name and Address of New Re	Bistelen Agent
220 STORY RD 82			D3 Ctroot 6	et Address (P.O. Box Number is Not Acceptable)	
OCOEE, FL					
3476	31		83		
			84 City		85 Zip Code
Durant to the continue of Continue COZ O/ 00 and COZ 1/ 00 Floride Clatutes the			a hove person	perpendion submits the statement for the p	FL   83   Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, 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, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typod or printed name of registered agent and title diapplicable (NGTE Registered Agent signature required when relinstating)  DATE					
12.	OFFICERS AND		3.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	MIDDLETON, LINDA		1 TITLE 2 NAME		Change
STREET ADDRESS	5156 CREUSOT COURT		3 STREET ADDRESS		S
CITY-ST-ZIP	ORLANDO, FL 00000		4 CITY-ST-ZIP	BRIANDO, FL 3	2 4 39
TITLE	PD		1 1ITLE	0100,1000,1100	Change Addition
NAME	MC PHERSON, BETTY	2.3	2 NAME		
STREET ADDRESS	313 MAC ARTHUR DR	2.3	3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		4 CITY - ST - ZIP	ORLANDO, PC 3	2839
TITLE	VT	-	1 TATLE	VT	Change Addition
NAME	MIDDLETON, MICHAEL 5156 CREUSOT COURT		2 NAME	MICHAEL MIDDLETO	AUSTRIA
STREET ADDRESS	ORLANDO, FL 00000		3 STREFT ADORESS	ORLANDO, FL. 32	
CITY-ST-ZIP TITLE	V		1 TITLE	ORLANDO, FL. 52	Change Addition
NAME	BUTLER, HAROLD		2 NAME		_ , _
STREET ADDRESS	5326 CAVE SPRING LANE	4:	3 STREET ADDRESS		
CITY-ST-ZIP	ROANOKE VA	4.	4 CITY-ST-ZIP		
TITLE		DELETE 5	1 10 LE		Change Addition
NAME		5.5	S NVWE		
STREET ADDRESS		5.1	3 STREET ADDRESS		
CITY-ST-ZIP			4 CITY - ST - 7IP		Channe [ Addition
TITLE		1	1 TITLE		Change Addition
NAME CTREET ADDRESS			2 NAME		
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP		6.9	4 C(1) y · \$1 · Z(P		

ST-ZIP

1 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.