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

DOCUMENT # 369208

(4)

Apr 15 1997 8:00am Secretary of State

FILED



Principal Plac	e of Business	Mailing Address							
855 DIXIE PAR P.O. BOX 150-	32790	855 DIXIE PARKWAY P.O. BOX 150-32780	P.O. BOX 150-32790						
WINTER PARK FL 32789 WINTER PARK FL 32789-1467						3. Date Incorporated or Qualified 3a. Date of Last Report 09/02/1970 04/15/1996			
2. Principal F	Tace of Business	2a. Mailing Address			***************************************	4. FEI Number			pplied For
1		26						ot Applicable	
Suite, Apt	#, et c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for in	ntangible ta	k under s	s. 199.032,
4	25	29	30				Yes 🔲		·
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Reg	istered Ag	ent	
HEN	NDERSON,EDMOND R			81	Name				
855 DIXIE PKWY					Street Add	ress (P.O. Box Number is Not Acceptable	e)		
WINTER PARK FL 32789					· · · · · · · · · · · · · · · · · · ·				
			i	83					
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statut	es, the al	00/0-I	named corp	poration submits this statement for the pr	roose of ch	nanging i	its registered
office or i agent. La	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607,0505. Flo	authorized orida Stat	d by ti utes.	he corporal	tion's board of directors. I hereby accep	t the appoin	tment as	registered
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered age	TON) eldspilgge li slit bre tri	E: Flegistered	d Agent	signature requi	red when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	1.1 TI	rle	ŀ		L	Change	Additio
NAME	HENDERSON, EDMOND R		1.2 N/	AME	ļ				
STREET ADDRESS	*** ***********************************		1.3 S1	REET AL	DORESS				
COTY - ST - ZOP	WINTER PARK FL	T os. ctr		TY-ST-	ZIP			1 20	4 (49)
TITLE	AS	☐ DELETE	2.1 TI]		L	Change	Addition
NAME	HENDERSON, EDMOND R.,JR.		22 N		- 1				
STREET ADDRESS				REET AC					
CHY-ST-7F	WINTER PARK FL	DELETE		ITY-ST-	ZIP			Change	1 Additio
TOLE.	AT HENDEROOD TOVINA	F-1 DETRIE	3.1 10		·		L.,	1 Anduge	Additio
NAME	HENDERSON, JOY LYNN		3.2 N/						
STREET ADDRESS	000 0000 11000			FREET AL					
CITY - ST - ZIP TITLE	WINTER PARK FL	DELETE	3.4. C	ITY-ST-	ZIP			Change	Addition
NAME		[m] viccie	4.1 ti				L	* Averaldo	- rodino
	}		1		nnarce				
STREET ADDRESS				REET AL					
DITY-ST-7#		DELETE	4.4 CI 5.1 TI	TY-ST- TLE	ZIP		Т	Change	Addition
NAME		المالين المالين	5.2 N/				<u> </u>	, comingo	
STREET ADDRESS	1		1	ireet al	nness				
City+St-ZiP Title		DELETE	6.1 TI	1Y-5T- TLF	An-			Change	Addition
NAMÉ		End Official	6.2 N/				L	, Cinnigo	
STREET ADDRESS	}				DDRESS				
DITY-SI-ZIP				1Y-SI-					
ULL SI TIF			■ 0.4 U	11 7 31 7	Aur I				

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 arinual 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.

SIGNATURE & PHILLIP FORMED DP HOLDERSON 4/8/97 (467/645-1225