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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F07858

(6)

FILED
Apr 01 1997 8:00am
Secretary of State

Principal Place	WY 441	Mailing Address 2230 W OLD HWY 441						
MOUNT DORA FL 32757 MOUNT DORA FL 32757-35 US US			3506					
00		•			3. Date Incorporated or Qualified	3a. Date	of Last R	eport
					12/01/1980	03/07	/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			plied For
21		26			59-2038550		No	t Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional
22		27					Fee Re	<u> </u>
City & State	3	City & State			6. Election Campaign Financing		\$5.00	
23	T. Court	28]	Cour		Trust Fund Contribution	<u></u>	Added t	
Zip	Country	Zip	<b>—</b>	шу	This corporation has liability for Florida Statutes	intangible tax		. 199.032,
24	25 9. Name and Address of Currer	29  nt Registered Agent	30		10. Name and Address of New R	<u> </u>		
VCC	**************************************			81 Name				
	DY, JAMES F. N. THIRD ST.		ļ					
	N. 1000 51. BOX 493210			82 Street Add	dress (P.O. Box Number is Not Accepta	ble)		
	SBURG FL 34749-0210		ł	83				
LEC	300NG FL 34/48-0210		ļ					
			-	84 City		FL '	35   Zip (	Code
SIGNATURE	egistered agent, or both, in the State or farmhar with, and accept the oblig Signature typed or profiled harde of registered age		authorized lorida Statu		rporation submits this statement for the ation's board of directors. I hereby acce	pt the appoin	tment as	registered
		ent and life it annhoable tNC	TF Registered	Agent signature requ	uired when reinstating)	DATE		
12.			TE Registered	Agent signature requ	uired when reinslating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND D	RECTOR	S IN 12
		ent and life if applicable (NC ID DIRECTORS DELETE					RECTOR Change	IS IN 12
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12.	OFFICERS AN	ID DIRECTORS	13. 1.1 Titl 1.2 NA	LE				
12. TITLE NAME	PDS FLACH-LENZE, JOAN M. 600 OLD EUSTIS RD.	ID DIRECTORS	13. 1.1 TH 1.2 NA 1.3 STF	LE ME				
12. THE NAME STREEL ADDRESS	OFFICERS AN PDS FLACH-LENZE, JOAN M.	ID DIRECTORS	13. 1.1 TH 1.2 NA 1.3 STF	LE ME REEY ADDRESS Y-ST-ZIP		CERS AND D		
12. THEE NAME STREET ADDRESS CITY ST-ZIP	PDS FLACH-LENZE, JOAN M. 600 OLD EUSTIS RD.	ID DIRECTORS	13. 1.1 TH 1.2 NA 1.3 STP 1.4 CIT	LE ME REEY ADDRESS Y-SY-ZIP		CERS AND D	Change	Addition
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112.  TITLE  NAME  STREET ADDRESS  CITY: ST-7IP  TITLE  NAME  STREET ADDRESS	PDS FLACH-LENZE, JOAN M. 600 OLD EUSTIS RD.	ID DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITI 1.2 NAI 1.3 SIF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 SIF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 SIF 3.4 CIT 4.1 TITI 4.2 NA 4.3 SIF 4.4 CIT 5.1 TIT 5.2 NAI 5.3 SIF	LE ME ALEEY ADDRESS Y-ST-ZIP LE ME ALEET ADDRESS TY-ST-ZIP LE ME ALEET ADDRESS TY-ST-ZIP LE ALEET ADDRESS LY-ST-ZIP LE ME ALEET ADDRESS		CERS AND D	Change Change Change	Addition  Addition  Addition
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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 of Lam 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.

GNATURE:

3-27-97

(352) 383-29

Daytime Proces

Opposite Type on FTECH LENDING OD DO BORDING TYPE A.

SIGNATURE:

(352) 383-2959