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 # F78905

101

City & State Ci	Applied For Not Applicable 75 Additional e Required 00 May Be ded to Fees
Suite, Apt. #, etc: Suite, Apt. #, etc: Suite, Apt. #, etc: City & State 6. Election Campaign Financing Trust Fund Contribution Ad Trust Fund Contribution Ad Trust Fund Contribution Florida Statutes Florida Statutes	Not Applicable 75 Additional e Required 00 May Be ded to Fees
Suite, Apt. #, etc: Suite, Apt. #, etc: Suite, Apt. #, etc: City & State	75 Additional e Required 00 May Be ded to Fees
City & State Ci	e Required OO May Be led to Fees
City & State City & State City & State City & State Relection Campaign Financing \$5 Add Zip Country Zip Country State City	led to Fees
Country Zip Country Zip Country 2 29 30 Recomposition has liability for intangible tax uncomposition Section Secti	
9. Name and Address of Current Registered Agent HABER, PAMELA L 11300 SPACE BLVD,SEC C REGENCYINDUST PK ORLANDO FL 32837 B3 B4 City FL B5 Street Address (P.O. Box Number is Not Acceptable) City FL B5 Street Address (P.O. Box Number is Not Acceptable) City FL B5 Street Address (P.O. Box Number is Not Acceptable) DELETE 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 change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appoin	er s. 199.032,
9. Name and Address of Current Registered Agent HABER, PAMELA L. 11300 SPACE BLVD,SEC C REGENCYINDUST PK ORLANDO FL 32837 84 City FL 85 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 change was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. Thereby accept the appointment of the purpose of change was authorized by the corporation submits this statement for the purpose of change was authorized by the corporation submits this statement for the purpose of change was authorized by the corporation submits this statement for the purpose of change was authorized by the corporation submits this statement for the purpose of change was authorized by the corporation submits this statement for the purpose of change was authorized by the corporation submits this statement for the purpose of change was authorized by the corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. Thereby accept the object of change was authorized by the corporation's board of directors. In Part	
THADER, PAMELA L. 11300 SPACE BLVD,SEC C REGENCYNDUST PK ORLANDO FL 32837 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 85 86 87 87 88 88 88 88 88 88	
11300 SPACE BLVD, SEC C REGENCYINDUST PK ORLANDO FL 32837 82 Street Address (P.O. Box Number is Not Acceptable) 83	
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 change 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 agent 1 am forminar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Eyech or printed frame of registered agent and title if applicable (INOTE Registered Agent Eignature required when reinstating) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INDIE PST HABER, PAMELA L. 12. NAME 13. STREET ADDRESS SIBERT ADDRESS ORLANDO FL 14. CITY-ST-ZIP INDIE DELETE 14. TITLE Change Company of Sections 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment agent	
11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change officer 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 agent. I am farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature for the purpose of change directors. I hereby accept the appointment agent. I hereby accept the appointment agent	Zip Code
12. OFFICERS AND DIRECTORS TITLE PST DELETE 1.1 TITLE NAME HABER, PAMELA L. 12 NAME STREET ADDRESS 835 ALABAMA WOODS LN. 1.3 STREET ADDRESS CITY-S1-7IP ORLANDO FL DELETE 2.1 TITLE DELETE 2.1 TITLE CORLANDO FL CITY S1-7IP TITLE DELETE 3.5 STREET ADDRESS CITY S1-7IP TITLE DELETE 3.5 STREET ADDRESS CITY S1-7IP TITLE DELETE 3.5 STREET ADDRESS CITY S1-7IP TITLE NAME STREET ADDRESS CITY S1-7IP TITLE NAME STREET ADDRESS CITY S1-7IP TITLE NAME 3.2 NAME 3.3 STREET ADDRESS CITY S1-7IP TITLE NAME STREET ADDRESS S1-7IP TITLE NAME S1-7	ng its registered t as registered
DELETE	TORS IN 12
NAME STREET ADDRESS CITY_SIT_ZIF ORLANDO FL DELETE 1.2 NAME 1.3 STREET ADDRESS CITY_SIT_ZIF ORLANDO FL DELETE 2.1 TITLE CITY_SIT_ZIF DELETE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY_SIT_ZIF DELETE 3.5 TITLE NAME 1.5 STREET ADDRESS CITY_SIT_ZIF DELETE 3.5 TITLE NAME 1.5 STREET ADDRESS CITY_SIT_ZIF DELETE 3.5 STREET ADDRESS CITY_SIT_ZIF DELETE 3.5 STREET ADDRESS CITY_SIT_ZIF Chamber Situation Ch	
CDY S1-7/P ORLANDO FL	
DELETE DELETE 2.1 TITLE Character	
NAMI STREET ADDRESS CITY ST-70* HABER, PAMELA L. 22 NAME 23 STREET ADDRESS CITY ST-70* DELETE 31 TITLE NAME 32 NAME 33 STREET ADDRESS CITY-ST-70* 34 CITY-ST-70*	-
STREET ADDRESS 835 ALABAMA WOODS LN 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP	nge Addition
CITY ST-7P	
TOLE DELETE 3 F TITLE Cha NAMI 32 NAME STREET ADDRESS 33 STREET ADDRESS CHY-ST-ZIP 34. CITY-ST-ZIP	
NAME 32 NAME STREET AODRESS 33 STREET ADDRESS CHY-ST-ZIP 34 CITY-ST-ZIP	nge [] Addition
CHY-S1-ZiP 3.4. CITY-S1-ZiP	
□ bustr ■	
THE DELETE 4.1 TITLE Cha	nge Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CHY-S1-ZIP	
	Ma T Addition
NAME 5.2 NAME CONTRACT ADDRESS CONTRACT ADDRESS	nge Addition
STREET ADDRESS 5.3 STREET ADDRESS	nge Addition
CITY-ST-7IP	nge Addition
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS 1	
C-TY-ST-7/P 6.4 CITY-ST-7/P	

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 armust 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:

407-857-3232

FILED

Apr 09 1997 8:00am

Secretary of State