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

	Name NAIRWAN			00	3654 (S)				į					
Principal Place of Business 6280 HAZE HINE NATIONAL DR STE 100 ORLANDO FL 32822				62 Si O	Mailing Address 6280 HAZE HINE NATIONAL DR SUITE 100 ORLANDO FL 32822									
US					US						Date Incorporated or Qualified 12/27/1993		. Date of Last F 08/09/1996	Report
2. Principal Place of Business					2a. Mailing Address						FEI Number			pplied For
21					26						65-0440712		No	ot Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5.	Certificate of Status Desired		• -	Additional
City & State					City & State						Floation Compaign Financino			equired
23	•			28	28						Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip Country								Country			This corporation has liability fo	r intang	jible tax under s	. 199.032,
24				29				<u></u>				Yes		
			ress of Current	t Regi	stered Agent		81	Name		10.	Name and Address of New F	legister	ed Agent	
CORPORATION SERVICE COMPANY							Name							
1201 HAYS STREET TALLAHASSEE FL 32301							82	Street	el Address (I		O. Box Number is Not Accept	able)		
MILANMODEE FL 32301														
								City					- 85 Zip	Code
													- L `	
office or r	egistered ag	gent, or be	oth, in the State	of Flor	607.1508, Florida Statu ida. Such change was of, Section 607.0505, Fl	authorize	d by	the cor	d corpor poration	ation n's bo	n submits this statement for the pard of directors. I hereby acc	purpos ept the	e of changing it appointment as	ts registered registered
SIGNATURE														
12.	Signature, typed	or printed na	OFFICERS AND			E Registere	ă Age	nt signatur	e required		reinstaling) DDITIONS/CHANGES TO OFF	DAT ICERS		RS IN 12
TITLE	PD		011101101110		☐ DELETE	1.1 71	1LE		T		221110110101111111111111111111111111111	TO ETTIG .	Change	Addition
NAME	SWENSO				12 N									
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CITY-ST-ZIP	ORLANDO FL							1.4 CITY-ST-ZIP						
TITLE	S	MARK D			DELETE	2.1 1							Change	Additron
NAME	RINDER,			tk.an				2 NAME 3 STREET ADDRESS 62		<i>a</i> ^	HAZELTINE	e La	(10) 101	700
STREET ADDRESS 6280 HAZEHINE NATIONAL DE ORLANDO FL					7100			2.4 CITY-ST-ZIP			MAZELINE	MA	TIDNAC	UK-
CITY-ST-ZIP TITLE	ONLAND	OTL			DELETE	3.1 TI		51 - ZIP	 				Change	Addition
NAME	!					3.2 N							~	
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CITY-ST-ZIP						3 4. C	ITY-S	31 - ZIP						
TITLE					☐ DELETE	4.1 11	TLE						Change	Addition
NAME						4.2 N	AME							Ì
STREET ADDRESS						4.3 \$1	REET	ADDRESS						
CITY-ST-ZIP				•	LINGIGA	4.4 CI		1-7IP	 				Change	f Addition
TITLE					☐ DELETE	5111			1				Change	Addition
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STREET ADDRESS CITY-ST-ZIP						5.4 CI		ADDRESS	1					ļ
TITLE					DELETE	6.1 TJ		1.511.	 				Change	Addition
NAME						6.2 N/								_
STREET ADDRESS						1		ADDRESS						ĺ
CITY-ST-ZIP						6.4 CI								

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 of supplymental 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 contraction on the jedevicer 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.

SIGNATURE:

JUNE 261997 HAT 659 1579

FILED

Jul 03 1997 8:00am

Secretary of State