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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # F94454** 

(8)

FILED Apr 24 1997 8:00am Secretary of State

Principal Plac	& MANUEL, P.A.  THE OF BUSINESS  THE CREEK AVE 32803	Mailing Address 511 NORTH FERN CREE! ORLANDO FL 32803-5431				
				3. Date Incorporated or Qualified	3a. Date of Last R	eport
2. Principal É	Place of Business	2a. Mailing Address		08/09/1982 4. FEI Number	04/10/1996	plied For
1	Tellion of English and American	26		59-2214361	<del>                                     </del>	t Applicable
Suite Apt.	#, etc	Suite, Apt. #, etc.			¢9.75	
2		27		5. Certificate of Status Desired	Fee Re	quired
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	May Be
3		28		Trust Fund Contribution	Added 1	to Fees
Zip 	Country	Zip	Country	8. This corporation has liability for i		. 199.032,
4	25	29	[30]		Yes No	
	9. Name and Address of Cur	Tent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	IRS, JAMES W					
	NORTH FERN CREEK AVE ANDO FL 32803		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
UHL	ANDO FL 32803		63			···
			84 City		FL B5 Zip (	Code
office or i	registered agent, or both, in the SI am familiar with, and accept the ob-	late of Florida. Such change was digations of, Section 607.0505, F	s authorized by the corpora torida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accept	ot the appointment as	registered
SIGNATURE.	Signature, typied or printed name of registered		s authorized by the corpora- torida Statutes.  Per Registered Agent signature req.  13.	rporation submits this statement for the p ation's board of directors. I hereby accep uired when (einstating) ADDITIONS/CHANGES TO OFFIC	DATE	
SIGNATURE.	Signature, typied or printed name of registered	d agent and title if applicable (NC	DTE Registered Agent signature requ	uired when (einstating)	DATE	RS IN 12
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14. I do hereby certly that the information supplied with this filing does not craftily 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 frue 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 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 chapted or on an attachment with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/97 407-896-9068

008473

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