FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(8)

I DILLON WOODCDAFTERS INC

	ce of Business	Mailing Address	······································			
800 WILMA ST LONGWOOD FL 32750 US		600 WILMA ST LONGWOOD FL 32750-5133 US				
		••		3. Date Incorporated or Qualified	3a. Date of Last R	eport
				07/21/1987	05/01/1996	
2. Principal Place of Business		2n. Mailing Address		4. FEI Number	Ar	plied For
21		26		59-2848699		t Applicable
Suite. Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 / Fee Re	
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00	May Be
23 .		28		Trust Fund Contribution	☐ Added t	
Zip	Country	Zip	Country	8. This corporation has fiability for in	ntangible tax under s	. 199.032
24	25		30		Yes No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Reg	pistered Agent	
	CROWN OAK CENTRE DR. NGWOOD FL 32750		82 Street A	oddress (P.O. Box Number is Not Acceptable Cifcle	le)	
	4.00 pt	60 and 607 1600 Florida Contra	84 City Casse	lberry	PL 1 32	Code 707
11. Pursuant office or t agent I a SIGNATURE.	to the provisions of Sections 607.05 registered often, or both, in the Stat arm farmer with and accept the obligations of registered as	Ullan	Casse	corporation submits this statement for the proration's board of directors. I hereby accept	PL 1 32	707
	Size a ure, typed or printed name of registered at	Guist and title if applicable (NOTE: ND DIRECTORS	Casse s, the above named uthorized by the corp rida Statules.	corporation submits this statement for the proration's board of directors. I hereby accept	urpose of changing it in appointment as	707 s registered registered
SIGNATURE.	Structure, typed or partial name of inglational R	Gord and title if applicable (NOTE:	s, the above named outhorized by the corporate Statutes.	corporation submits this statement for the proration's board of directors. I hereby accept ac	urpose of changing it in appointment as	707 s registered registered
SIGNATURE.	OFFICERS AT DILLON, JOHN A.	Guist and title if applicable (NOTE: ND DIRECTORS	s, the above named of athorized by the corporate Statules. Registered Agent signature 113.	corporation submits this statement for the proration's board of directors. I hereby accept a compared to the provided when reinstating) ADDITIONS/CHANGES TO OFFICE D D1110n, John A.	urpose of changing it in appointment as	707 s registered registered
SIGNATURE. 12. TILE	DILLON, JOHN A. 419 EAGLE CIR.	Guist and title if applicable (NOTE: ND DIRECTORS	Casses, the above-named uthorized by the corp rida Statules. Registered Agent signature 13.	corporation submits this statement for the proration's board of directors. I hereby accept a poration's board of directors. I hereby accept a poration's board of directors. I hereby accept a poration and a poration a	urpose of changing it in appointment as	707 s registered registered
SIGNATURE. 11. 11. NAME STREEL ADDRESS CHY-SI-7/P	OFFICERS AT DILLON, JOHN A.	guist and title if applicable (NOTE: ND DIRECTORS	Registered Apent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP	corporation submits this statement for the proration's board of directors. I hereby accept a compared to the provided when reinstating) ADDITIONS/CHANGES TO OFFICE D D1110n, John A.	urpose of changing it the appointment as of	707 s registered registered SIN 12
SIGNATURE. 12. THE NAME STREET ADDRESS CHY-SI-70P THE	DILLON, JOHN A. 419 EAGLE CIR.	Guist and title if applicable (NOTE: ND DIRECTORS	Registered Apent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE	corporation submits this statement for the proration's board of directors. I hereby accept a poration's board of directors. I hereby accept a poration's board of directors. I hereby accept a poration and a poration a	urpose of changing it in appointment as	707 s registered registered
SIGNATURE. 12. TILLE NAME STREEL ADDRESS CHY-S1-7IP TILLE NAME	DILLON, JOHN A. 419 EAGLE CIR.	guist and title if applicable (NOTE: ND DIRECTORS	Casses, the above-named unthorized by the corp rida Statules. Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-Zip 2.1 TITLE 2.2 NAME	corporation submits this statement for the proration's board of directors. I hereby accept a poration's board of directors. I hereby accept a poration's board of directors. I hereby accept a poration and a poration a	urpose of changing it the appointment as of	707 s registered registered SIN 12
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14. I do hereby certify that the information supplied with this filing does not qualify information indicated on this annual report or supplemental annual report is to Larri an officer or director of the corporation or the receiver or trustee empower appears in Block 12 or Block 13 if changed, or on an attachment with an address. quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the rule and accurate and that my signature shall have the same legal effect as if made under oath; that hipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

5 1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

DELETE

DELETE

FILED

Apr 28 1997 8:00am

Secretary of State

0068012

Change Addition

Addition