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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ALL INN	MENT # K6364 MANAGEMENT, INC.			į					
Principal Place	of Business	Mailing Address	S			T TO DESCRIPTION OF THE SAME SAME.			
3330 WEST COLONIAL DRIVE ORLANDO FL 32808		3956 W COLONII ORLANDO FL 32 US							
		00				3. Date Incorporated or Qualifi	1	Date of Last I	Report
Color in all Di	- CP - Stranger	I de Maiting Add	1		·	02/06/1989	04	/05/1996	* -1 Fa.
2. Principal Pl	ace of Business	2a. Maiting Add	iress			4. FE Number 59-2935372			pplied For lot Applicable
Suite, Apt 4	#. etc	Suite, Apt. #	*, etc.				FGF)		Additional
22		27				5. Certificate of Status Desired	X		tequired
City & State)	City & State	J			6. Election Campaign Financin			May Be
Z(p)	Country	28 Zip		Country		Trust Fund Contribution	(ar integrally		to Fees
24	25	29	3			This corporation has liability Florida Statutes	for intangib		s, 199.032,
	9. Name and Address of Cur					10. Name and Address of New			
YER	GEY, DAVID A., JR.			81 N	Vame	SH, ANIL			
211	NORTH MAGNOLIA AVENUE			82 8	Street Addre	ss (P.O. Box Number is Not Acce	ptable)		
ORL	ANDO FL 32801			63	3956	WEST COLONIAL DR	IVE		
				93					
				84 (City	· · · · · · · · · · · · · · · · · · ·	F		Code 808
				1 1	AT TO			_ 1 1 2 -	XIIA
11. Pursuant t	o the provisions of Seguens 607.0	0502 an 697,1508, Flor	ida Statutes	the above-n	ORLA amed corpo	ration submits this statement for t			its reaistered
office or re	to the provisions of Sections 607.0 egistered agent, or born, in the St	0502 an 667,1508, Flor	rida Statutes inge was aut z 0505. Flori	the above-n thorized by th	ORLA amed corpo ne corporatio	ration submits this statement for t on's board of directors, I hereby a			its registered s registered
office or re agent. I ar	S	0502 an 667.1508, Flor Light Such cha Light Section 607	rida Statutes inge was aut 7.0505, Florid	s, the above-n thorized by th ida Statutes.	ORLA amed corpo ne corporatio	ration submits this statement for t in's board of directors, I hereby a			its registered s registered
office or re agent. I ar SIGNATURE	Signatur Wind of splitted name of fegurated	d agent and title if applicable.		Registered Agent's	amed corpo ne corporatio	ration submits this statement for t in's board of directors, I hereby a d when reinstating)	he purpose ccept the ar DATE	of changing opointment as ///91	its registered s registered
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REQUIRED SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

May 02 1997 8:00am

Secretary of State