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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K99170

SIGNATURE:

(8)

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SUITE 2179 ALTAMONTE SPRINGS FL 32714 ALTAMONTE	Principal Place	of Business	Mailing Address	Mailing Address			
2. Proclased Place of Business 2a Mailing Address 4. Fel Number 59-2855678 Application 59-2855678 Suite, April #, oto 26 Suite, April #, oto 59-2855678 Suite, April #, oto	SUITE 2179		499 STATE RD 434 SUITE 2179				2. Date Incorporated or Qualified 29. Date of Lest Report
2. Projected Place of Equatives 2. Mailing Address 4. FEIN Number Applied For Applied For State Applied For Additional Fee Required Fee Required State Applied For Additional Fee Required Fee Required State Applied For Additional Fee Required Applied For Additional Fee Required Additional Fee Required Additional Fee Required Additional Fee Required Applied For Additional Applied For Additional Fee Required F							1 · · · · · · · · · · · · · · · · ·
Suic. Apt. 8, cis. Suic. Apt. 9, cis. Suic. A	2. Principal Pl	ace of Business	2a. Mailing Address				
Suite April 4, dec 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	21		26				
27 City & State 28 Fee Required Fee Fee Fee Fee Fee Fee Fee Fee Fee F	Suite, Apt.	#, etc	Suite, Apt. #. etc.				5 Certificate of Status Desired \$8.75 Additional
Trust Fund Contribution	22						Fee Required
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S. Name and Address of Current Registered Agent HOLINGSWORTH, GEORGE R, II 499 STATE ROAD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714 11. Pursuant to the processions of Sections 607 0502 and 607 1508, Fonds Statutes, the aboven-aread corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Fonds Such change was authorized by the corporation's board of interiors. The purpose of changing its registered agent or both, in the State of Fonds Statutes, the aboven-aread corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Fonds Statutes, the aboven-aread corporation's board of interiors to purpose of changing its registered agent or both, in the State of Fonds Statutes, the aboven-aread corporation's board of interiors are purposed office or registered agent or both, in the State of Fonds Statutes. SIGNATURE 12. Of FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Bittle furnish and accept the option function of purposed appears appears appears appears register areas aboven-areading) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Bittle furnish and accept the option function of purposed appears appears appears appears appears areas are	7 Country					<u></u>	
B. Name and Address of Current Registered Agent HOLLINGSWORTH, GEORGE R, II 499 STATE ROAD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714 82 Street Address (P.O. Box Number is Not Acceptable) 83 STATE PROMOTE SPRINGS FL 32714 84 City FL BS Zip Code 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 changing its registered office or registered agent of both; if the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of both; if the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of the provisions of Sections 607 0505. Florida Statutes. SIGNATURE 12. OF FIGURE AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TIME 15. NAME 16. City 16. City 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. TIME 10. Change Addition AND AGRIEVAL AN	— ·	}-··-η '	├ ── ┐	—	⊢ ¬ '		· — · —
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## 499 STATE ROAD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714 ## City FL 85 Zip Code 11. Fusiant to the processor of Sections 607 0562 and 607 1508, Florida Statutes, the above-named corporation aubmits this statement for the purpose of changing its registered agent and both in the State of Florida Statutes, the above-named corporation aubmits this statement for the purpose of changing its registered agent and runnium with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12. OF TICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1016 104 105 106 107 108 108 109 109 100 100 100 100	HOLLINGSWORTH GEORGE & II					Name	
SUITE 2179 ALTAMONTE SPRINGS FL 32714 B8 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 637 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agont 1 are namely with, and accept the origination of X505, Periods Statutes. SIGNATURE Signature, special period travel of liquid Statutes. SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. SIRRET ADDRESS 14. ATAMONTE SPRINGS FL 14. ATAMONTE SPRINGS FL 15. DY QARIER, JOHN MICHAEL 27. MAY 499 STATE RO 434, #2179 ALTAMONTE SPRINGS FL DST DST DST DST DST DST DST DS				82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)
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11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Floridal Statutes, the above-named corporation submits this statement for the pursuant of the provisions of Sections 607.05.02 and 607.15.08. Floridal Statutes of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent 1 cm from har with, and accept the objection 607.05.05. Floridal Statutes. SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ANAME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. AVAILABLE TO ASS. ADDITIONS/	ALT.	AMONTE SPRINGS FL 32714					
11. Present to the provisions of Sections 637 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered allocer or registered days to both in the State of Broids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered allocers are presented as authorized by the corporation's board of directors. I hereby accept the appointment as registered allocers are presented as authorized by the corporation's board of directors. I hereby accept the appointment as registered allocers. I hereby accept the definition and allocers. I hereby accept the appointment as registered allocers. I hereby accept the definition allocers. I hereby accept the appointment as registered allocers. I hereby					84	City	85 Zip Code
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12	office or r	existered agent, or both, in the State	of Florida, Such change was	authorize	d hy i	the corporatio	on's board of directors. I hereby accept the appointment as registered
12.	SIGNATURE	Signature, typed or printed name of registered age	int and little if applicable (NO	TE. Registere	d Agent	t signature requires	ad when reinstating) DATE
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6.4 CITY-ST-ZIP 14. If do hereby certify that the information supplied with this filling 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 2 supplies a supplies a supplier and accurate and that my signature shall have the same legal effect as if made under each; that	STREET ADORESS			6.3 S	TREET #	address	
14. If do hereby certify that the information supplied with this filling ages 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 or supplies annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that	CITY+ST-ZIP			6.4 C	ITY - ST	- ZIP	
	14. † do herel	by certify that the information supplies indicated on this appear to the	d with this filing aloes not qua	lify for the true and	exen	nption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the my signature shall have the same legal effect as if made under path; that