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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # M85106

LAW OFFICES OF EDWARD C. BESHARA, P.A.

Principal Prace of Business Mailing Address W EDWARD C. BESHARA, ESO. % EDWARD C. BESHARA, ESQ. 1850 LEE ROAD #300 1850 LEE ROAD #300 WINTER PARK FL 32789-2107 WINTER PARK FL 32789 3. Date Incorporated or Qualified 3a. Date of Last Report 05/27/1988 04/17/1996 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number 59-2896387 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zφ Country Country This corporation has liability for intangible tax under s. 199.032. KYes No Florida Statutes 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BESHARA, EDWARD C., ESQ. 1850 LEE ROAD #300 **B2** Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 84 Zip Code 85 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 or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent 4 am farm-liar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition Tille 1.1 TITLE NAME BESHARA, EDWARD C. 1.2 NAME 1850 LEE ROAD #300 STREET ADDRESS 13 STREET ADDRESS WINTER PARK FL 14 City-ST-ZIP CITY - ST - Zif DELETE Change Addition IRE 21 THLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CHY-S!-ZIP DELETE Change Addition 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CHY-S4 DELETE Change Addition TITLE 4.1 THILE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE 51 TITLE Addition TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CHY-ST ZIE 5.4 CITY - \$1 - ZIP DELETE 61 TITLE Change Addition THEF 6.2 NAME NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this fung does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this agreement of supplemental 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 corporation or the processor or truckles empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

STREET ADDRESS

appears in Block 12 or Block

Complete C. Beshara

(407)629-6455

FILED

Apr 11 1997 8:00am

Secretary of State