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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1	996

DOCUMENT # N44091

(9)

Principal Place of Business  20th Webball's PLACE OVED P1, 32785  25 Principal Place of Business  26th Webball's PLACE OVED P1, 32785  27 Principal Place of Business  28th Marriag Address  29 Principal Place of Business  20th Marriag Address	1. Corporation Name				
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US  3. Date incorporated or Qualified OB/27/1991  2. Principal Player of Business 2. Principal					
22 PROCESS PROPORT SUBJECT 28 Making Address A Country 28 Auditing Address A Country 29 Suits, Apr. 4, etc. 27 Sui					
2. Principal Prince of Business   2a			· ·		
Suite, Apt. F., etc.  27 28 29 29 20 City & State 29 20 City & State 29 20 City & State 20 Cit			1 - 1	<del></del>	
27   27   28   27   28   27   28   28		PLEY CI	59-3071123		
230 CONTROL   28			5. Certificate of Status Desired		
24) 23 16 5 25 SEMINOLE 20 29 33 16 5 20 COUNTY 24) 9 Name and Address of Current Registered Agent  BAGWELL BRENDA 2081 WEMBLEY PLACE OVEDO FL 32765  11. Fursuant to the provisions of Sections 617,0502 and 617,1508, Fords Statute, the above named corporation submits in self-acceptable)  82 Street Adaptives (FD Box Number is Nat Acceptable)  83 City OVEDO FL  84 City OVEDO FL  85 City OVEDO FL  86 City OVEDO FL  87 STREET ADDRESS  11. Fursuant to the provisions of Sections 617,0502 and 617,1508, Fords Statute, the above named corporation submits in self-acceptable)  85 Street Adaptives (FD Box Number is Nat Acceptable)  86 City OVEDO FL  87 STREET ADDRESS  88 City OVEDO FL  89 City OVEDO FL  89 City OVEDO FL  80 City OVEDO FL  80 City St. 29  80 City OVEDO FL  80 City St. 29  80 City St.		: 5		□ \$5.00 May Be	
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Addition   Change	•	82 Street Addre			
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Forida Statutes, the above-named corporation submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forigh, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, all members of the purpose of changing its registered office or registered agent, all members and the registered agent. I am familiar with a photocept the obligations of page 1. I am familiar with a photocept the obligations of page 1. I am familiar with a photocept the obligations of page 1. I am familiar with a photocept the obligations of page 1. I am familiar with a photocept the obligations of page 1. I am familiar with a photocept the obligations of page 1. I am familiar with a photocept the obligations of page 1. I am familiar with a photocept the obligations of page 1. I am familiar with a photocept agent. I am familiar with a photocept agent ag		83	TIA HALLY	'1	
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SIGNATURE   Supplement agric spin agricated agric spin	or registered agent, or both, in the State of 617,0502 and 617,1506, Florida Statutorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with applicant the philingitions of English 617,6603. Elevide Statutori				
12.		TEFFER		2/8/96	
TILE	Significate, typed or brinted name of registered agent and title if applicable (NOTE: I				
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NAME   STREET ADDRESS   20 NAME		1.4 CITY-ST-ZIP C	NIGDO, FC 3 CHS		
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OVIEDO FL   34 CITY-ST-ZIP   OVIEDO FL   32765		32 NAME JE	FFREY CLARK	* *	
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STREET ADDRESS 6.3 STREET ADDRESS				Change Addition	
	NAME	6.2 NAME		_	
	STREET ADDRESS				
6.4 CITY-SI-ZIP  14. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further		6 3 STREET ADDRESS			

certify that the information indicated on this annual report or 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or an attechment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 401.

407-646-3232 Daytime Phone #