## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF \$TATE

🔭 Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

DOCUMENT	#
1. Corporation Name	

P94000016443 (1)

SOUTH OBT CORP.

SECRETARY OF ST

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	10	Linking Address				ONN BOND BOLD NOOD DIŞIR DIDIN DIDIN DIDIN ISIN KODI
•	of Business	Malling Address				
5898 SOUTH I ORLANDO FL	ORANGE BLOSSOM TRAIL 32839	P.O. BOX 89900 Louisville ky 4026	9-9990			
			:	3.	Date Incorporated or Qualified 02/28/1994	d 3a. Date of Last Report 08/09/1995
2. Principal Plac	e of Business	2e. Mailing Address 26		4.	FEI Number <b>59-3236496</b>	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5.	Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Crty & State		6.	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zφ	Country 25	Ζφ <b>29</b>	Country 30	8.	This corporation has liability for Florida Statutes	or intangible tax under s 199.032, res 🚺 No
24	9. Name and Address of C		1901	10.	Name and Address of New	
	B. Home and Addition of C	ation (value) at 11	81 Nam	<del></del>		
A.G.C. C	0.		82 Stre	et Address (P.	O. Box Number is Not Accept	table)
	N BANK CENTER		63	01 / 10 0 10 0 1		
ORLAND	ith orange avenue o fl					Inc. 7 Pode
			84 City			FL 85 Zip Code
<ol><li>11. Pursuant to</li></ol>	the provisions of Sections 607	.0502 and 607.1508, Florida Statu	ites, the above-named	corporation s n's board of d	submits this statement for the p irectors. I hereby accept the ap	purpose of changing Its registered offic ppointment as registered agent. I am
or rogistere familiar with	d agent, or both, in the State of i, and accept the obligations of,	Section 607.0505, Florida Statute	ized by the corporation is.			
familiar with	i, and accept the obligations of,	Section 607.0505, Florida Statute	ized by the corporation  8.  ICITE: Registered Agent signat.			DATE
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familiar with SIGNATURE s 12.	i, and accept the obligations of,	Section 607.0505, Florida Statute it applicable.	98. ICITE: Registered Agent signat.		einstating)	DATE
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certify that the information indicated on this arriver report or supplemental arriver report is true and socurate and that my signature shall have the same legal enect as if made under outly indicated by the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: