FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business 1851 CENTRAL FLORIDA PARKWAY ORLANDO FL 32821 PSOUDUZ9296 (7) Mailing Address 1851 CENTRAL FLORIDA PARKWAY ORLANDO FL 32837-8291			PARKWAY		
				3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal F	Place of Business	2a. Mailing Address		04/10/1995 4. FEI Number	07/19/1996
21 THIODAIT	lace of positioss		mont Rd.	59-3308965	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	771-771 - 102 :	5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State	<i>C</i> -	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	28 Atlanta Zip	Country	Trust Fund Contribution	
24	25	30324	30	8. This corporation has liability for Florida Statutes	Intangible tax orider's, 199,032, ☐ Yes ☐ No
	9. Name and Address of Curre		1001	10. Name and Address of New Re	gistered Agent
CAI	RPENTER, RONALD A		81 Name		
	6 N.W. 43RD STREET		82 Street Add	iress (P.O. Box Number is Not Acceptate	ole)
GAI	NESVILLE FL 32853			<u> </u>	
			83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statut	tes, the above-named con	poration submits this statement for the p	ourpose of changing its registered
office or agent. I a SIGNATURE	registered agent, or both, in the Staff am familiar with, and accept the oblig Signature, typed or printed name of registered as	gations of, Section 607.0505, Fl	authorized by the corpora orida Statutes. E. Registored Agent signature requi-	tion's board of directors. I hereby acce	pt the appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	VICKERS, DAVID M		1.2 NAME		
STREET ADDRESS	2102 PIEDMONT ROAD ATLANTA GA 30324		1.3 STREET ADDRESS		!
CITY-S1-ZIP	V	DELETE	14 CITY - ST - ZIP 21 TITLE		Change Addition
NAME	VICKERS, CHERYL	 *	2.2 NAME		
STREET ADDRESS	2102 PIEDMONT ROAD		2.3 STREET ADDRESS		
CITY - ST - ZIP	ATLANTA GA 30324		2. 4 CITY - \$1 - ZIP		
TITLE	S	DELETE	3.1 TITLE		Change Addition
NAME	VICKERS, JULIE		3.2 NAME		
STREET ADDRESS	2102 PIEDMONT ROAD		3.3 STREET ADDRESS		
CITY-ST-7IP	ATLANTA GA 30324	- OCUPATION OF THE PARTY OF THE	3.4. CITY - ST - ZIP	1	
NAME		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	·	
CITY-ST-7IP			4.4 CITY - ST- ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME:		•	5.2 NAME		• —
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7(P			5 4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	_	Change Addition
NAME.			62 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		
CITY OF 710	T .		CADITY OF 71D		

14. I do hereby certify that the information supplied with this filing 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 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 of 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 chapted, over an attachment with an advises.

2/5/97

FILED

Feb 13 1997 8:00am

Secretary of State