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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071922 (5)

## FILED May 12 1997 8:00am Secretary of State

Principal Place of Business  Mailing Address  1807 SUMMERLIN AVENUE SANFORD FL 32771-3952  Mailing Address  1807 SUMMERLIN AVENUE SANFORD FL 32771-3952											
								3. Date Incorporated or Qualified	3a. D	ate of Last F	Report
								09/15/1995	08	08/1996	
2. Principal Pla	ace of Business	<b></b>	ng Address					4. FEI Number			oplied For
21] Suite, Apt #	t ato	26 Suite	o. Apt. #. etc.			<del></del>		59-3347699			ot Applicable Additional
22	, Cit.	27	s, r.pt. #, 6tc.					5. Certificate of Status Desired		****	Additionat equired
City & State			& State	······································		<del></del>		6. Election Campaign Financing			May Be
23		28						Trust Fund Contribution			to Fees
<i>Z</i> ip	Country	Zip		Cou	ntry			8. This corporation has liability for			199.032,
24	25	29		30					Yes		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9. Name and Address of Curren	ı Heğistered	Agent		81	Name		10. Name and Address of New Ro	Aisteled	∪A4ur	
BIERNACKI, CHESTER J											
1907 SUMMERLIN AVENUE SANFORD FL 32771-3952					82	Street A	ddre	ddress (P.O. Box Number is Not Acceptable)			
OWN	OUD LE SELL LOGGE			ļ	83	<del> </del>					
					B4	City				<b>85</b> Zip	Code
					-	Oity			<u> </u>	- Jos	
office or re agent. I an SIGNATURE	gistered agent, or both, in the State n familiar with, and accept the obliga signature, typed or printed name of registered agen	of Florida, Su ations of, Sec	ich change was a tion 607.0505, Fk	authorized orida Stat	d by utes	the corps.	oratio	ration submits this statement for the in's board of directors. I hereby acce	pt the ap	pointment as	registered
12.	OFFICERS AND			13.	/ rige	ik edikina	000-00	ADDITIONS/CHANGES TO OFFI		D DIRECTOR	RS IN 12
	0		☐ DELETE	1.1 70	rle.		VF	) <del></del>		Change	Addition
NAME	BIERNACKI, CHESTER J			1.2 NA	ME	l	ΑĻ	LAN Cumminge &	- ιΛ		
STREET ADDRESS	1907 SUMMERLIN AVENUE			1.3 ST	REET						
	SANFORD FL 32771-3952		Del Etc	1.4 CI		T-ZIP	CA	sselberry Fl. 3271	<u> 27                                    </u>	[ ] Oscara	III (Aleman
TILLE			☐ DELETE	21 11		[				Change	Addition
NAME Orose Laboratos				2.2 NA		ADDRESS					
STREET ADDRESS				2.40		1					
CITY-SF-ZIP TITLE			DELETE	3.1 Ti		51-24			,	Change	Addition
NAME				3.2 N	ME	ļ				-	
STREET ADDRESS				3 3 ST	REET	ADDRESS					
CITY-SI-7/2				3.4. C	ITY - 8	ST-ZIP	· <b></b>				
FITLE			☐ DELETE	4.1 7(1	TLE					Change	Addition
NAME				4. 2 N	AME						
STREET ADDRESS						ADDRESS		•			
C-TY-ST-7/P			Therete			7- ZIP				Change	Addition
TITLE			DELETE	5.1 7)						Change	Addition
NAME				52 N/		ADDDTOO					
STREET ACCURESS				1		ADDRESS					
CHY-ST-ZP			DELETE	5.4 CI 6.1 TI		T - 21P				Change	Addition
TITLE			[ Detert								
			. Detert	6.2 N/	AME	ADORESS					

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 am an officer or director of the corporation 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

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)321-6477