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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

00110	MENT # \$3273 OFIELD CORPORATION OF		(9)			(R) (18) (18) (18) (18) (18)	<u> </u>
Principal Place	of Business	Mailing Addres					<i>615</i> 616 876 8
255 \$ ORAI SUITE 888	255 \$ ORANGE AVE SUITE 888 ORLANDO FL 32801		255 S. ORANGE AVENUE 888 ORLANDO FL 32801 US		Date Incorporated or Qualified		
2. Principal Pla	ace of Business	2a. Mailing Add	aliana e		02/14/1991	05/24/	
21		28. Walling Add	ress		4. FEI Number 59-3047860	_	Applied For
Suite, Apt. #	₹, etc.	Suite, Apt.	#, etc.		Certificate of Status Desired	\$8.7	Not Applicable 5 Additional
City & State)	City & State				Fee	e Required
23		28	•		Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Country	Zip	Countr	г <mark>у</mark>	This corporation has liability for in	Add	s 199.032.
24	25 9. Name and Address of Curren	29 29 Agent	30	A h-	Florida Statutes	□ No	0 100.002,
	S' statute and statement of control	I negisteren Agen	81	1 Name	10. Name and Address of New Re	egistered Agent	
	ROBERT T.		82		dress (P.O. Box Number is Not Acceptable		
	ORANGE AVE				Jress (M.O. Box number is not Acceptable	e);	
SUITE 8	888 IDO FL 32801		63	3			
OI har way	JU FL 32001		84	4 City		85 Z	Zip Code
SIGNATURES	Syndruc, tred or prince rank of registroid syndruc.	and title 1 applicable	(NOTE: Registered Age)	ont signature recjoire	ee's which reinstating ADDITIONS/CHANGES TO OFFIC	DATE	200 4140
TITLE	VP	☐ DEI			APPLIEURO OFFICE OF OFFIC	CERS AND DIRECTO	
NAME STREET ADDRESS	COSGROVE, MARK J. 7550 HINSON ST. #8-C		1.2 NAME			-	_
CITY-ST-ZIP	ORLANDO FL			T ADDRESS			
TITLE	D	DEL	1.4 CITY-S Lete 2. 1 Tille			Change	Addition
NAME	ROTH, ROBERT T.		2.2 NAME			□ Ohange	Addition
STREET ADDRESS	7550 HINSON ST #8-C ORLANDO FL		2 3 STREET	I ADDRESS			
CITY - ST - ZIP	UKLANDU FL	[] DEI	24 C/TY-S				
NAME		L *	3 1 TITLF 3.2 NAME			Change	Addition
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			34 CITY- S	· ·			
NTLE NAME		☐ DEL				☐ Change	Addition
STREET ADDRESS			4.2 NAME				
CITY-ST-ZIP			4.3 STREE1 4.4 CITY - S				
		DEL		1-21-		Change	Addition
TLE			5.2 NAME			٠٠ پ	
IAME				ı			
IAME TREET ADDRESS			5.3 STREET.	ADDRESS			
IAME			5.4 CITY-ST				
IAME ITREE1 ADDRESS HTY-ST-ZIP		DEL I	54 CHTY-ST FIE 6 1 THTLE			☐ Change	☐ Addition
IAME TREET ADDRESS HTY-ST-ZIP		☐ DEL	5.4 CITY-ST	ST-ZIP		☐ Change	☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DE