## 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 COHPORATIONS

DOCUMENT # V29149

(4)

Mailing Address

GERALD E. LINDEN, P.A.

Principal Place of Business

	F	ILED	)					
May	13	1997	8:00am					
FILED May 13 1997 8:00am Secretary of State								



2716 CHICKAS/ STE SC DRIANDO FL S US			2716 CHICKASAW T STE 3C OFLANDO FL 32829 US					ncorporated or Quali 5 <b>/1992</b>	fied ;	3a. Date of Las 05/01/199		_
	ace of Business	2	a. Mailing Address				4. FEI NE	mber	·		Applied For	
21		2	6]				59-	3118074			Not Applicable	le
Suite, Apt.	#, etc.	2	Suite, Apt. #, etc				5. Certific	cate of Status Desire	d [	1 7 -	5 Additional Required	
City & State			City & State				& Floorin	n Campaign Financi				
23		20	า ์					und Contribution	''y [		<b>00</b> May Be ed to Fees	İ
Zip	Cour		Z(p	Cou	intry			orporation has liabilit	v for inta			
24	25	21	<u> </u>	30			1	Statutes		es 🞵 No		Î
	9. Name and Add	ress of Current Reg	Istered Agent				10. Name	and Address of Ne	w Regis	tered Agent		_
LIND	EN, GERALD E				81	Name						
2716	1-30 CHICKASAW 1	rail			82	Street Ad	ldress (P.O. Bo)	Number is Not Acc	eptable)			
ORL	ANDO FL 32829				83							
					84	Cily				FL  85   7	rip Code	
11. Pursuant to office or reagent. I as SIGNATURE	to the provisions of Sc egistered agent, or bo m familiar with, and a	ections 607.0502 and oth, in the State of Fla occept the obligations	i 607,1508, Florida orida: Such change of, Section 607,050	Statutes, the a was authorize 05, Florida Stat	bovo d by tutes	e-named co the corpor s.	orporation subm ration's board o	ils this statement for f directors. I hereby	the purp accept th	nose of changir ne appointment	ig its registere as registered	ď
	Signature, typed or printed na				d Age	nt signature rec	quired when reinstatin			DATE		
12.	- BA	OFFICERS AND DIE	ECTORS	13.			ADDITIO	ONS/CHANGES TO I	OFFICER			
TITLE	PD CEDAL	E	L_I Dett							Chan	ge Additio	<sup>)n</sup> [9
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NAME				62 N	AME	1						
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14. I do herel	by certify that the info	rmation supplied with	this filing does not	qualify for the	exe	motion stat	led in Section 1	19.07(3)(i). Florida S	tatutes. I	further certify t	hat the	1

I do fleeby cetty that the information supplied with this litting does not quality for the exciption stated in Section 119 trotogit, mortaling to supplie the period of supplied annual report is true and additionable and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the pecoiver or trusted chipowered 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.