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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Principal Place of Business 4288 L.B. MCLEOD ROAD ORLANDO FL 32811-5680 US 2. Principal Place of Business 21 Suite Apt #, etc. 22 City & State 23 Zip C24 C5	M 4: 0 U	(4) lailing Address 288 LB. MCLEOD ROAL RLANDO FL 32811-5680 S. Mailing Address Suite, Apt. #, etc.			3. Date incorporated or Qualified 10/01/1992	3a. Date of L 08/05/19	ast Report	1
4288 L.B. MCLEOD ROAD ORLANDO FL 32811-5680 US 2. Principal Place of Business 21 Suite Apt #, etc. 22 City & State 23 Zip C24 C5	2a 26	288 L.B. MCLEOD ROAD RLANDO FL 32811-5880 S . Mailing Address			Date Incorporated or Qualified 10/01/1992	3a. Date of L	ast Report	
ORLANDO FL 32811-5880 US 2. Principal Place of Business 21	2a 26	RLANDO FL 32811-5680 S . Mailing Address			10/01/1992			— ₁
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Suite Apt #, etc. 22 City & State 23 Zip C 24 Control C 25	27	Suite, Apt. #, etc.			4. FEI Number		Applied Fo	
City & State 23 Zip C 24 25					59-3373548	\$8.	Not Applic 75 Additiona	
23	28				Certificate of Status Desired	F	ee Required	
Zip C [24] 25		City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees	
	ountry	Zip	Country		8. This corporation has liability for	intangible tax un		 2,
	29 ddress of Current Regis	stored Agent	30		Florida Statutes 10. Name and Address of New R	Yes No		
MANGHNANI, J. K	doless of Collent hegis	Steled Agent	81 N	ame 🕇	J. MANGHI	- 4		
4288 L.B. MCLEOD	CAO		82 5	reet Addre	ss (P.Q. Box Number is Not Accepta	ble)		
ORLANDO FL 32811			83	1288	L. B. McLED	D' ROAL)	
			84 ("DR L	ANDO	FL 85	32811-51	80
11. Pursuant to the provisions o	Sections 607,0502 and 6 both in the State of Flor	607.1508, Florida Statu	tes, the above n	med corpo	ration submits this statement for the	purpose of change	ing its registe	red
agent. I am familiar with, an	accept the obligations of	f, Section 607.0505, F	lorida Statutes.				m as redister	ed l
SIGNATURE Signature Types of privide	d name of registered agent and titl	e r'applicable (NO				1-7-0	ni as registeri	eď
			TE: Registered Agent s	gnature required		1-7-0	7	ed .
12.	OFFICERS AND DIRE		13.	gnature required	d when reinstaling) ADDITIONS/CHANGES TO OFFI	1-7-9 DATE ICERS AND DIRE	7 CTORS IN 12	
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agent. I am tanjiliar with, an	d accept the obligations of registred agent and title	of, Section 607.0505, F	tes, the above-n	ity DR L med corpo corporatio	ANDO ration submits this statement for the on's board of directors. I hereby acce	- FL	Zip Code 32 <i>811-5</i> 1 jing its registe	

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 path, that I 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

NATURE AND THE ON PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

1-7-97(407)422-24

FILED

May 15 1997 8:00am