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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

FILED Apr 29 1997 8:00am Secretary of State

Principal Place 1209 EDGEWA' P.O. BOX 3266 ORLANDO FL	rer dr.	Mailing Address 1209 EDGEWA P.O. BOX 3266 ORLANDO FL	ter dr.					
						3. Date incorporated or Qualified	3a. Date of Last t	'
2. Principal P	lace of Business	2a. Mailing Ad	drace			09/16/1938 4. FEI Number	L 02/20/1996	
21 Sulta Ant	idoo or basinoss	26	101033			59-0350463	 	applied For lot Applicable
Sulle, Apr.	#, etc.		Suite, Apt. #, etc.				60 75	Additional
22		27	27			5. Certificate of Status Desired		Required
22 City & State	8	City & Sta	City & State			6. Election Campaign Financing	\$5.00) May Be
23		28				Trust Fund Contribution		to Fees
Zip 24	Zip Country		Zip Country			8. This corporation has liability for in		s. 199.032,
24	25	29	30				Yes No	
	·····	s of Current Registered Agen	<u></u>	81	Name	10. Name and Address of New Reg	gistered Agent	
	ALL JR, KENNETH E			6'	Ivanie			
	EDGEWATER DRIVE		82 Street Ad			dress (P.O. Box Number is Not Acceptable)		
	ANDO, FLORIDA			83				
3280	Ж							
				84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Section	ons 607.0502 and 607.1508, Flo	orida Statutes, the	e aboye	e-named c	orporation submits this statement for the p		its registered
office or r	egistered agent, or both, m familiar with, and accor	in the State of Florida. Such ch pt the obligations of, Section 6t	iange was author 37 0505, Florida S	ized by	the corpo	orporation submits this statement for the pration's board of directors. I hereby accep	t the appointment a	s registered
SIGNATURE	The triangle of the control of the c	prino obligations of ocolloit of	37.0003, 1 londa (D.attrice				
SIGNATURE	Signature, typed or printed name of	ol registered agent and title if applicable.	(NOTE Regis	itered Age	int signature re	quired when reinstating)	DATE	
12.		FICERS AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	SD .	Li	DELETÉ 1	.1 TILLE			Change	Addition
NAME	MCCALL, HOLLIS O		1	.? NAME				
STREET ADDRESS	751 E WELCH RD		1	.3 \$TREE1	ADDRESS			
CITY-ST-ZIP	APOPKA FL			.4 CITY - S	T-ZIP			
TITLE	PD VENUE	-		1 1111.6			☐ Change	Addition
NAME Street adoress	MCCALL JB,KENNET 1212 COUNTRY CLU			2 NAME				
	ORLANDO FL	אט טוג		.3 STREET				1
CITY-ST-ZIP TITLE	ONLANDO FL			. 4 CHY - S L1 TOLE	51 - 211'		→ Ctrange	Addition
NAME				2 NAME			onungo	
STREET ADDRESS				.3 STREET	ADDRESS			
CITY-ST-ZIP				4 CITY-S	1			
TITLE				.1 TO LE			Change	Addition
NAME			4	. 2 NAME				
STREET ADDRESS			4	3 STREFT	ADDRESS			
CITY-ST-ZIP				4 CITY-S	T-ZIP			
TITLE			DELETE 5	.1 TITLE			☐ Change	Addition
NAME			5	.2 NAME				
STREET ADDRESS			5	3 STRFFF	ADDRESS			
CITY-ST-ZIP			F. F. F. F. F.	4 CITY-S	1-7IP			
TITLE		LJ		.1 TITLE			∐ Change	Addition
NAME OTOTET ADDRESS				.2 NAME				
STREET ADDRESS				.3 STRELT				
CITY-ST-ZIP		_	1 6	4 CHY-S	1 - 7IP [1

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 apriual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early 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