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

DOCUMENT #
1. Corporation Name

(8)

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ועו	/ENSINCEI	INVESTMENT	COMPANY

Principal Place of Business Mailing Address							: 	111 01011 01011 010 14 1 06 1	
200 E ROBINSON ST SUITE 875 P.O. BOX 111 ORLANDO FL 32802		P.O. BOX 111 ORLANDO FL 32802							
US		US			3. Date Incorporated or Qualified 10/21/1927 3a. Date of Last Report 04/21/1995		•		
2. Principal Pla	Principal Place of Business 2a. Mailing Address		- · · · · · · · · · · · · · · · · · · ·			4. FE! Number	U4/2	Applied For	
		26				59-0386870		Not Applicable	
Suite, Apt. #, etc.		27			5. Certificate of Status Desired	Fee Required			
City & State		City & State	City & State		6. Election Campaign Financing		5.00 May Be		
Zip	Country Zip		Count	~		Trust Fund Contribution L. Added to Fees 8. This corporation has liability for intangible tax under s 199,032,			
24	25	29	30	' "		Florida Statutes Yes No			
	g. Name and Address of Currer	nt Registered Agent				10. Name and Address of New F	Registered Agen	t	
			8	¶ Na	ame				
	R, MARION J.		8:	2 St	reet Address	Address (P.O. Box Number is Not Acceptable)			
	Röbinson Street		ļ <u>.</u>						
STE. 87	o OO FL 32801		8:	3					
OnDani	JO (L 32001		8	4 Ci	ty		E1 85	Zip Code	
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above	-name	ed corporation	on submits this statement for the nu	roose of changing	its registered office	
c. regionale	d agent, or both, in the State of Florid , and accept the obligations of, Sect	aa, ouch change was aumonze	au dy the cor	porati	on's board o	of directors. I hereby accept the app	ointment as regis	ered agent. I am	
SIGNATURE _									
12.	ignature, typed or printed name of registered agent		TE: Registered Ag	ent signa	ature required wh		DATE		
TITLE	OFFICERS AND	D DIRECTORS DELETE	13.		PD	ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·		
NAME	OVERSTREET, SARA L		1. 7 THUE 1.2 NAME			SS, HARRY J. JR	☐ Cha	inge 🔀 Addition	
STREET ADDRESS	ATAT BANGELAND AND A			1.3 STREET ADDRESS 110		BAHAMA DRIVE			
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY -		ORL	ANDO, FL 32806			
TITLE	D	☐ DELETE	2. 1 TITLE		VASI)	[Cha	nge 🔽 Addition	
NAME	COLLINS, CHARLES J. J		2.2 NAME			ON J. PARKER	_	• 🕰	
STREET ADDRESS	2010 FORREST ROAD		23 STREE			CADY WAY			
CITY-S1-ZIP	WINTER PARK FL		2.4 CITY-	ST-ZIP	I	PER PARK, FL 32792-	4858		
111LE	D	™ DELETE		3 1 TITLE D		7 DD D D T T T T T T T T T T T T T T T T	🔀 Cha	nge 🔲 Addition	
NAME	WALLTER, E E III		3 2 NAME	25.1		LER, R.E. III			
STREET ADDRESS	ODI SUDO DI COCCO			O.D. CIRCLE ADDITION		1 HARGILL DRIVE			
CITY-ST-ZIP TITLE	SDAT	[] DELETE	3.4 City - 4. 1 Title			ANDO, FL 32806	F7 05-	non (M) Addition	
NAME	TOLLESON, ANNE E.	[] otter	4. 1 111CE		TD ROB1	N O. SHELDON	☐ Chai	nge 🔀 Addition	
STREET ADDRESS 1890 CASTLEWAY LANE, NE			43 CTOCCT 4000000 252		SHREWSBURY ROAD				
CITY - ST - ZIP	479 41774 64			4.4 CITY-ST-ZIP ORL		NDO, FL 32803			
TITLE		☐ DELETE	5 1 TITLE				☐ Chai	nge 🔲 Addition	
NAME			5.2 NAME						
STHEET ADDRESS			5.3 STREE	T ADDR	ESS				
CITY-ST-ZIP			5.4 CITY -	ST-ZIP					
TITLE		☐ DELETE	6. 1 TITLE				☐ Char	nge 🔲 Addition	
NAME			6.2 NAME			ı			
STREET ADDRESS			63 STREE	T ADDRI	ES\$				
14 tdo bereby	cartify that the information a rectified	with this files is a late of the	6.4 CITY - :	ST-ZIP					
certify that t	certify that the information supplied when the information indicated on this annu-	vius uns ming is voluntarily furnis al report or supplemental annu	al report is tr	es not	quality for the	ne exemption stated in Section 119.0	07(3)(k), Florida St	atutes. I further	

oath; that I am an officer or director of the corporation or the receiver or frustee 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: _ MARION J. PARKER 4/24/96

(407)425-2645

Daytinie Phone #