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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 249724

(6)

Principal Place of Business Mailing Address 4200 W COLONIAL DRIVE ORLANDO FL 32808 ORLANDO FL 32808-8135								
					3. Date Incorporated or Qualified		,	
2. Principal P	Place of Business	2a, Mailing Address		07/28/1961 4. FEI Number	03/04/19	Applied For		
21		26			59-0937707		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional se Required		
City & State		City & State	¬ '		Election Campaign Financing Trust Fund Contribution		.00 May Be	
Zip	Country		Gountry 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	Registered Agent		
KEES, GARY A 2454 SWEETWATE COUNTRY CLUB DR. APOPKA FL 32712			62 63 84	B3				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOT	L Registered Age		corporation submits this statement for the oration's board of directors. I hereby acc required when reinstating)	DATL		
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFF			
TITLE NAME	KEES, GARY A	LJ DECEDE	1.1 THUE 1.2 NAME			[_] Cha	ange 🔲 Addition	
STREET ADDRESS	2454 SWEETWATER C.C. DR.		1.8 STREET ADDRESS					
CITY-ST-ZIP	APOPKA FL		1.4 CHY+ \$1- ZIP					
TITLE	V	DELFTE				☐ Cha	ange Addition	
NAME	KEES, BETTY M		2.2 NAME					
STREET ADDRESS	S 2454 SWEETWATER C.C. DR. APOPKA FL		2.8 STREET					
CITY-ST-ZIP TITLE	S S	DELETE	2 4 CITY - 5 3.1 TITLE	51 - Z(P		☐ Cha	onge Addition	
NAME	SHERIDAN, KELLIE K	EJ bett le	3.P NAME			0/8	inge 🗀 Addition	
STREET ADDRESS	3308 EAGLE BLVD		3.8 STREE1	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-5	S1 - 21P				
TITLE	T	☐ DELETE	4.5 THTLE			. Z Cha	inge Addition	
NAME STREET ADDRESS	SHERIDAN, KELLIE K 3208 EAGLE BLV D		4. 2 NAME 4.8 STREET	ADDRESS	4014 Heathering	iton Rd	•	
CITY-ST-ZIP	ORLANDO FL	Foreste	4.4 CITY - S	1 - ZIP				
TITLE	†		5.4 TITLE 6.0 NAME			☐ Cha	ange [_] Addition	
STREET ADDRESS			5.8 STREFT	ADDRESS				
CITY-ST-ZIP			5.4 CHY- S					
TITLE		DELETE	6.1 THLE			Cha	ange Addition	

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 oath; that I am an officer or director of the corporation or the receiver of 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 Chapted or on an attackment with an address.

OLONIATURE.

STREET ADDRESS

MONDON

4/27/97 (402)2982612

FILED

May 06 1997 8:00am

Secretary of State