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

334389

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Principal Place of Business Mailing Address 3025 E SOUTH ST 3025 E SOUTH ST ORLANDO FL 32803-3496 ORLANDO FL 32803-3496						en sest pipn dibi	
OTENIAGO FE DECONOMIS			ORENIBO TE SEGUENTO		3. Date Incorporated or Qualified 08/28/1968	3a. Date of Las 05/01	t Report /1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-1143047		Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			3871143047	¢ 0	Not Applicable 75 Additional
2		27			5. Certificate of Status Desired		ee Required
City & State		City & State	- 100		6. Election Campaign Financing	_ \$5	.00 May Be
3] Zip	Country	Z _(\$)	Countr	,	Trust Fund Contribution		ded to Fees
4	25	29	30	•	8. This corporation has liability for in Florida Statutes Yes	ntangibie tax unde 	rs 199.032,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R		
			81	Name			
	ONE, ROBERT		82	Street Add	ress (P.O. Box Number is Not Acceptab	e)	
	SOUTH STREET		83				
UNLAN	DO FL 32803-3496		0.3				
			84	City		FL 85	Zip Code
SIGNATURE	Syncture, byted orphilodinal coting deletings: OFFICERS AN	ardinadapphali (n D DIRECTORS	O'r Segmend Ap	il signature require		DATE	
NTLF	CD	DELETE.	1 1 TH E	··	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
HAME	GIANNONE, ARTHUR A	_	1.2 NAME				9
TREET ADDRESS	3025 E SOUTH ST		13 STREE	LADORESS			
HTY - ST - ZIP	ORLANDO, FL 00000		14 CI*Y -	\$1 - 712			
ITLE	PDS GIANNONE, ROBERT	DELFTE	2 11111.6			☐ Chan	ge 🔲 Addition
NAME STREET AODRESS	3025 E SOUTH ST		2.2 NAME	ADDOCCE			
CITY - ST ZIP	ORLANDO, FL 00000		2.4 City -:	LADDRESS			
ITLE	VP	☐ DELETE	3 11.01	1		Chan	ge 🔲 Addition
AME	DENNIS, KENNETH T.	_	3.2 NAME		-		
TREET ADDRESS	3025 EAST SOUTH STREET	ſ	33 STREE	I ADDRESS			
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HTY-SI-ZIP			4.4 Cily -:				
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AME			5.2 NAME				
TREET ADDRESS			5.3 STREE	ADDRESS			
ITY - ST - ZIF		₹ De Fre	5.4 CiTY - 5	ST-ZIP			
ITLE		DELETE	6 1 TIT: E			☐ Chang	ge 🔲 Addition
IAME STREET ADDRESS			5 2 NAME	*ADDOLDS			
CITY-ST-ZIP			6.3 STREE 6.4 CITY - 3				
14. I do hereby certify that oath; that I	trie informazion indicated on tris anni	Ja: report or supplemental ani	nished and doe	s not qualify f	or the exemption stated in Section 119.6 te and that my signature shall have the sis report as required by Chapter 607, Flo	same legal <i>effect</i> a	e if mada undar

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 407-891-3333