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**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 344397

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Apr 16 1997 8:00an	1
Secretary of State	

Principal Place of Business 11809 \$ ORANGE BLOSSOM TRAIL ORLANDO FL 32837	FLORIDA  Mailing Address  11909 S ORANGE BLOSS ORLANDO FL 32837-9252 US	OM TRAIL			
to and the second of the secon			<ol> <li>Date incorporated or Qualified 04/11/1969</li> </ol>	d 3a. Date of L 04/23/19	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	) OT/EO/10	Applied For
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		59-1261618		Not Applica
22	27		5. Certificate of Status Desired	, , , ,	. <b>75</b> Additional ee Required
City & State	City & State		6. Election Campaign Financing	\$5	.00 May Be
8 1	28	T	Trust Fund Contribution	Ac	ided to Fees
7 Zip Country 25	Zip	Country	8. This corporation has liability for	or intangible tax un Yes No	der s. 199.032
24 25 9. Name and Address of Cur	29 rent Registered Agent	30	Florida Statutes  10. Name and Address of New I		
CLARKSON,R L		81 Name		· · · · · · · · · · · · · · ·	
11909 6. ORANGE BLOSSOM		82 Street A	Address (P.O. Box Number is Not Accept	table)	
ORLANDO FL 32821			, we see that no the notation		
a - 0		83			
· · · · · · · · · · · · · · · · · · ·		84 City		FL  85	Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0</li> <li>office or registered agent, or both, in the Stagent. I am familiar with, and accept the object.</li> </ol>	0502 and 607.1508, Florida Statut ate of Florida. Such change was oligations of, Section 607.0505, Fl	tes, the above-named authorized by the corporida Statutes.	corporation submits this statement for the poration's board of directors. I hereby acc	e purpose of chang cept the appointme	ing its register nt as registere
SIGNATURE Signature, typed or printed name of registered		tes, the above-named authorized by the corporida Statutes.  It is gistered Agent signature.  13.	required when re-installing)	DATE	
SIGNATURE Signature, typed or printed name of registered  12. OFFICERS A  TITLE EVPV	agent and title if applicable (NOT	E. Registered Agent signature		DATE	CTORS IN 12
12. FOR OFFICERS A  TITLE EVPV  NAME SEGLE, T	agent and title Papplicable (NOT AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	required when re-installing)	DATE FICERS AND DIREC	CTORS IN 12
SIGNATURE Signature, typed or printed name of registered  12. ** OFFICERS A  TITLE EVPV NAME STEEL ADDRESS 16957 ARROWHEAD BLVD.	agent and title Papplicable (NOT AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when re-installing)	DATE FICERS AND DIREC	CTORS IN 12
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