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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 454691

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PRINT FILE, INC.

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Secretary of State

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Principal Plac	e of Business	Mailing Addres	3S			} I ABBATT DEBOT DIAAT ETABA ETITID FOTOT ETBEL E	ANDRE BROOK WHOM BEIDE D	
P.O.BOX 607698 ORLANDO FL \$2860-4698		P.O.BOX 807638	P.O.BOX 807638 ORLANDO FL 32860-7638					
:						3. Date Incorporated or Qualified 06/13/1974	3a. Date of Las 04/17/1990	
2. Principal P	Place of Business	2a. Mailing Add	Iross			4. FE! Number 54-0835591		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		5 Additional Required	
City & State	6	City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	7(p)	30	Country 0	'	8. This corporation has liability for in Florida Statutes	ntangible tax undo	ır s. 199.032,
	9. Name and Address of Curre	nt Registered Agent			,	10. Name and Address of New Rec	sistered Agent	
	OK, PENNY			81	Namo			
	8. ORANGE BLOSSOM TRAIL			82	Street Addi	ress (P.O. Box Number is Not Acceptable	lo)	
APO	PKA FL 32703							
				83				
				84	City		85 7	ip Code
		.,					FL	
office or r : agent. I a	registered agent, or both, in the State im familiar with, and accept the oblic	e of Florida, Such cha gations of, Section 60:	7.0505, Floric	da Statuto:	S.	poration submits this statement for the pr tion's board of directors. I hereby accep	t the appointment	as registered
	Signature, typed or punted name of registered ag		(NOTI F		int signature regun	red when relistating)	DATE	
. 12. . TITLE	PS OFFICERS AN	ND DIRECTORS	DELLTE	13.	т	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	
NAME	AMAT, HENRY W	L) (1.2 NAME	1			ie [_] voomo
STREET ADDRESS	101 ROCKINGHAM COURT			1.3 STREET	ADDRESS			
CITY-ST-ZIP	LONGWOOD FL			1.4 CITY - S				
TITLE	C		DELETE	2.1 THUE	11.24	· · · · · · · · · · · · · · · · · · ·	Chang	ge 🔲 Addition
NAME	BERTRAM, JEAN WHITE		,	2.2 NAME				,
STREET ADDRESS	3185 N. PINELAKE POINT							
CITY-ST-ZIP	LECANTO FL				ADDRESS I			
TITLE			ĺ		ADDRESS SL-ZIP			
NAME			DECETE	2. 4 CHY-1 3.1 THLE			Char	je 🔲 Additior
			DELFTE	2. 4 CHY-1			☐ Chark	je 🔲 Additior
STREET ADDRESS		. <u> </u>	DECETE	2: 4 CHY-1 3:1 THLE	S1 · ZW		☐ Chark	je 🔲 Addition
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• To hereby denity that the information supplied with rins filling does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Flurther certify that the information indicated on this annual report is 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 or 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 changed, or on an attachment with an address.

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