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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 503753

(6)

Principal Place		Mailing Address							
665 OAK HARBOUR BLVD 103 ALTAMONTE SPRINGS FL 32701 US		665 OAK HARBOUR BLVI							
		ALTAMONTE SPRINGS FL 32701-6512 US			Date Incorporated or Qualified				
						05/17/1976	06/	24/1996	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			plied For
Suite Apt. i	# ato	Suite, Apt. #, etc.				59-1669544			t Applicable
22	W . COLO.	27				5. Certificate of Status Desired		\$8.75 A	
City & State)	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	
Ζφ	Country	Zφ	Cou	intry		8. This corporation has liability for in			199.032
24	25	29	30		···············		Yes [
	9. Name and Address of Current	Registered Agent		B1	Name	10. Name and Address of New Reg	platered #	gent	
	SENBLATT, EDWARD M.	•		"	Name	•			
	-103 OAK HARBOUR DR			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
ALT	AMONTE SPRINGS FL 32701			83		***************************************			
				84	City		FL	85 Zip (Code
SIGNATURE						oration submits this statement for the p on's board of directors. I hereby accep		changing its bintment as	s registered registered
***************************************	Signature, typed or profed name of register, diage	w	(E: Hogistere	d Age	nt signature require	od when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDC AND	NIDEATAB	0 (NI 10
12.	PST OFFICERS AND	DELETE	1.1 Ti	ITLE	т	ADDITIONS/CHANGES TO OFFIC	ENS AIND	Change	Addition
NAME	ROSENBLATT, EDWARD M			1.2 NAME				41141160	
STREET ADDRESS	665-103 OAK HARBOUR DR				ADDRESS				
CHY-ST-ZIP	ALTAMONTE SPRINGS FL			ITY-5	1				
THILE		DELETE 2		2.1 TITLE 2.2 NAME				Change	Addition
NAME									
STREET ADDRESS			235	TREET	ADDRESS				. '
CITY - ST - ZIP			2 4 0	2 4 CITY-ST-ZIP			····		
TiTLE			3.1 To	ITLE				Change	Addition
NAME			32 N						!
STREET ADDRESS					ADDRESS				
C-TY - ST - ZIP		DELETE	34.0 41T	CITY-S	IT-ZIP			Change	Addition
TITLE								cuange	
NAME STOLE LANDON CO.				NAME TOCCT	ADDRESS				
STREET ADDRESS CDY+ST-ZIP			1						
TITLE		DELETE		4.4 CITY - ST - ZIP 5.1 TITLE				Change	Addition
NAME			5.2 N					•	=
STHEET ADDRESS					ADDRESS				
CHTY-S1-7/P			3	HTY-S	1				
TITLE		DELETE	6.1 1	*				Change	Addition
NAME			6.2 N	IAME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
011Y-51-7IP				S-YIC	I				l

14. I do he by 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 or trusted 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.

FILED

Jan 22 1997 8:00am

Secretary of State