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



COR ANNU	PROFIT PORATION JAL REPORT 1997	Sal E DIVISIO	DEPARTMENT ndra B. Mgrt Secretary of Sta N OF CORPORA	t ham ate	•	May 19 1 Secreta		
Principal Place	STREET	Mailing Address	TREET					
ORLANDO FL 3	ace of Business	ORLANDO FL 3280 US				3. Date Incorporated or Qualified 03/21/1977 4. FEI Number	3a. Date of Last 08/19/1996	Report
21		26				59-1798038	├ ─- 	lot Applicable
Suite, Apt. (#, etc.	Suite, Apt. #, c	tc.			5. Certificate of Status Desired		Additional lequired
City & State)	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00	May Be
Zip	Country 25	Z >	30	ountry		8. This corporation has liability for Florida Statutes		
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Re	gistered Agent	
712 1	UPS,TULIE L. W VASSAR ST. ANDO FL 32804			82 83		ress (P.O. Box Number is Not Acceptat	85 7in	Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508. Florida	Statutes, the	above-	named cor	poration submits this statement for the r	FL ouroose of changing	its registered
agent. I ar SIGNATURE	agistered agent, or both, in the Stat in familiar with, and accept the oblig Signature, typed or printed name of registered as	gations of, Section 607.0	605, Florida St	atutes.		poration submits this statement for the pation's board of directors. I hereby acce	pt the appointment a	s registered
12.	OFFICERS AF	VD DIRECTORS	13			ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	(
TITLE NAME	PDS PHILLIPS,TULIE L. DECS	LJ DEL Baza	1 "	TITLE			Change	Addition 3
STREET ADDRESS	712 W VASSAR ST.			STREET A	DDRESS			
CITY-\$1-ZIP	ORLANDO FL			CHY-SI	- 7IP			
TITLE NAME	Andrew The Total Control	□ DILL		NAME			∟_ Change	noifibbA
STREET ADDRESS				STREET A	DDRESS			
CITY-ST-ZIP	- CONSIN	DFL		CITY-SI	- 7IP			- Addition
TITLE NAME	ANN F. BENDEN ANN F. BENDEN AIL UAS SAI OR LANDO, FI	VE K/		NAME	1		L Change	Addition
STREET ADDRESS	TIL WAS SAI	e 500	3.3	STREET A	DORESS			
CITY-ST-ZIP	or Lando, Fl	1. 32808 DE		. CHY-ST	- ZIP		Change	Addition
TITLE NAME				TITLE 2 Name			[] Change	L Vocuion
STREET ADDRESS				STREEL	.DORESS			
CITY-ST-ZIP		DEL		CITY - ST	- ZOP		Change	Addition
NAME		[] ULL		TITLE NAME	1		[_] change	
STREET ADDRESS				STREET	DDRESS			
CITY+ST-ZIP				CITY-ST	- ZIP		···	
TITLE		LI DEL		TITLE			Change	Addition
NAME STREET ADDRESS				NAME STREET A	IDDRESS			
CITY-ST-ZIP			6.4	CHIY-ST	-7IP			
14. I do hereb	by certify that the information suppli	ed with this filing does n	ot qualify for th	e exen	nplion state	d in Section 119.07(3)(i), Florida Statute	s. I further certify tha	l the

Information indicated on this auritian report or supplemental annual report is true and accurate and that my signature styll have the same legal effect as if made under of tam 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 changes or or an attachment with an address.