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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 534021

(1)

BUDGO, INC.

CITY - ST - ZIP

Discoulding 40 and the state of					{ :   104101 4108 1010 614H <b>1414 1514</b> 1014 1114 1114 114H 114H 144H 144H 140H 140		
Principal Place of Business Mailing Address							
1217 SWEETBRIAR ROAD 1217 SWEETBR							
P. O. BOX 568951 ORLANDO FL 32856-5951		P. O. BOX 568951 ORLANDO FL 32856-8951					
UNDANDO PL S	32630-3851	UNLANDU PL 92000-0801			6 Data faces and as Confident	Los Data of Last Dataset	
					3. Date Incorporated or Qualified 05/02/1977	3a, Date of Last Report 04/01/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	L. N. L. PERRO LE COLLONIO PER NO COLLONIO PROPERTO DE LA COLLONIO DEL COLLONIO DE LA COLLONIO DE LA COLLONIO DEL COLLONIO DE LA COLLONIO DEL COLLONIO DE LA COLLONIO DE LA COLLONIO DE LA COLLONIO DE LA COLLONIO DEL COLLONIO DE LA COLLONIO DE LA COLLONIO DE LA COLLONIO DE LA COLLONIO DEL COLLONI	26			59-1744939	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27		b. Certificate of Status Desired	Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country Zip		Country	1	8. This corporation has liability for	intangible tax under s. 199.032,	
24	25	29	30		Florida Statutes	Yes 🔲 No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
HEC	HT, E W	,	81	Name			
	SWEETBRIAR RD	4.4	82	Ctront Andri	ress (P.O. 8ox Number is Not Acceptat		
	ANDO FL 32606		02	Street Add	ress (P.O. Box Number is Not Acceptat	и <b>е</b> )	
J		•	83				
		,					
			84	City		85 Zip Code	
11 Pursuant	to the provisions of Sections 607.050	02 and 607 1508. Florida Statu	tes the show	e-named corr	poration submits this statement for the r	nurnee of changing its registered	
office or r	registered agent, or both, in the State	of Florida. Such change was	authorized b	the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	at the appointment as registered	
agenita	im familiar with, and accept the oblig	ations of, Section 607.0505, Fi	orida Statute	S.			
SIGNATURE	Signature, typied or printed name of registered ag	and and tale if acceliantly. 1877	TE Depistered As		ired when reinstating)	DATE	
12.		ID DIRECTORS	13.	aur eidustria isdoi	ADDITIONS/CHANGES TO OFFIC		
TITLE	VPT	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OF THE	Change Addition	
	SMITH, ROY W JR	L. Stite				M cualitie	
NAME	2710 E GORE STREET		1.2 NAME				
STREET ADDRESS			1.3 STREET			90 901	
CHT+ST-ZIP	ORLANDO FL		1.4 CITY-5	ST-ZIP	·	32.106	
TITLE	PO	DELETE	2.1 TITLE			Change  Addition	
NAME	HECHT, E W		2.2 NAME				
STREET ADDRESS	1217 SWEETBRIAR RD		2.3 STREET	ADDRESS	*		
City - St - ZiP	ORLANDO FL		2. 4 CITY-	ST-ZIP		8280L	
TITLE	SD	☐ DELÉTE	3.1 TITLE			Change Addition	
NAME	HECHT, MARY FRANCES		3.2 NAME				
STREET ADDRESS	1217 SWEETBRIAR RD.		3.3 STREET	ADORESS		And Additional Control	
CHTY-ST-ZIP	ORLANDO, FL.F		3.4. CITY-	ST-ZIP		32806	
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME	·		4. 2 NAME	1			
STREET ADDRESS				ADDRESS			
CITY - ST - ZIP			4.4 CITY-5				
TITLE		☐ DELETE	5.1 TITLE	DI-TIE		Change	
			1			C Change C Modition	
NAME			5.2 NAME				
STREET ADDRESS		1	5.3 STREET				
CITY - ST - ZIP			5.4 CITY-5	ST+ZIP			
THE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME	٠. ا		*	
PERCENT ADDRESS C			e a erore	Annurce			

6.4 CITY-ST-ZIP

14. I do hereby 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 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.