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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 544765

Principal Place of Business

(1)

Mailing Address

RISSMAN, WEISBERG, BARRETT, HURT, DONAHUE & MCLA IN, P.A.

	I EAST PINE HANDO FL 3	: STREET. 15TH FLOOR 12801	201 EAST PINE STREET, 15TH FLOOR ORLANDO FL 32801-2729								
							1	3. Date Incorporated or Qualifie 09/08/1977		te of Last 05/1996	
2.	Principal P	ace of Business	2a. Mailing Address	2a. Mailing Address			4	4. FEI Number			Applied For
21		A. A. C.	26					59-1759654			Not Applicable
22	Suite, Apt	#, etc.	Suite, Apt #, etc.					5. Certificate of Status Desired			Additional Required
1	City & State	•	City & State				(Election Campaign Financing	-		May Be
23	· · · · · · · · · · · · · · · · · · ·		28					Trust Fund Contribution	<u> </u>		to Fees
04	Ζφ	Country	Zip 29	30	ountry		1	B. This corporation has liability to Florida Statutes	or intangible X Yes [s. 199.032,
24		9. Name and Address of Curre		[30]			11	O. Name and Address of New			
	DICC				81	Name					
rissman, steven A. 201 East Pine Street						Oleset As	h al al a	(D.O. D. M t- M. M			
		I FLOOR		82 Street Add			Address	(P.O. Box Number is Not Accep	lable)		
		ANDO FL 32801			83		• • • • •		······································	······································	
					84	City	***************************************	· · · · · · · · · · · · · · · · · · ·		85 Zir	o Code
		40 007 00	00 - 1 007 4500 51 11 01		_ ;		· · · · · · · · · · · · · · · · · · ·		FL	;	
"	office or r	to the provisions of Sections 607.05(egistered agent, or both, in the State in familiar with, and accept the oblig	oz and 607.1508, Florida Stat e of Florida. Such change wa	iutes, the is authoria	ebovezed by	a-named ci the corpo	corporat oration's	tion submits this statement for the s board of directors. I hereby ac	e purpo se o cept the ap p	r changing ointment a	its registered is registered
	agent I a	m familiar with, and accept the oblig	ations of, Section 607.0505,	Florida S	tatutes	3.		•			-
St	GNATURE.	Signature, typed or printed name of registered ag	saut and tria if applicable (A	OTF: Bagieu	evert And	n) pionalius se	recovered with	nen reinstating)	DATE		
12			ND DIRECTORS	1:		m signature te	required with	ADDITIONS/CHANGES TO OF		DIRECTO	DRS IN 12
ĨΙĬ		PD	DELETE	1.1	1 TITLE		··			Change	
NA	ME	RISSMAN, STEVEN A.		1.2	2 NAME						
STI	PEET ADDRESS	201 E PINE STR 15 FLOOR		1.3	3 STREET	ADDRESS					
CH	Y-ST ZIP	ORLANDO FL		1.4 CITY - ST - ZIP		T-ZIP					
ווד		VD	☐ DELETE		TITLE					☐ Change	Addition
NA	ME	WEISBERG, RICHARD H.		2.2	2.2 NAME						•
STI	REET ADORESS	201 E PINE STR 15 FLOOR		2.3	3 STREET	ADDRESS					
CiT	Y-SY-ZIF	ORLANDO FL		2.	4 CITY - S	SJ-ZIP					
ΊĮΫ	LE	SO	☐ DELETE	3.1	TITLE					Change	Addition
NA	ME	BARRETT, ROBERT C		3.2	2 NAME						
Sfi	REET ADORESS	201 E PINE STR 15 FLOOR		3.3	3 STAEET	address					
CH	ly-SI-ZiF	ORLANDO, FL 00000		3.4	4. CITY-S	ST-ZIP					
ţn	i E	TM	☐ DELETE	4.1	TITLE					Change	Addition
NA	ME	Hurt, Jennings L.III		4.	2 NAME						
STI	REET ADORESS	201 E PINE STR 15 FLOOR		4.3	3 STAEET	ADDRESS					
CIT	ry-S1-ZIP	ORLANDO FL	······································		4 CHY+S	T-ZIP					
ÌΗ	TE.		DELETE	51	TITLE	ŀ				Change Change	Addition
NA	ME			52	2 NAME					Pillo	
Sfi	ræli adoress			53	3 STREET	ADDRESS			_	ふんべ	
	IY-51-2II		——————————————————————————————————————		1 CITY - S	T-ZIP					The same
111			L.J DELETE	1	1 TITLE	:				Change	Addition
NΑ					2 NAME	i		9000021	걸造던	ມູສ	
	REET ADORESS					ADDRESS		-05/30/3(01	ກາລຄ	48	
CII	IY-SI-7#	nu postifu dinak kan justaman ilan a	nd with this file - data and -	6.4	4 CITY - S	T-ZIP	lated in f	***165.00	rtes 22		at the
14	informatic	by dentity that the information supplied on indicated on this armual report or	supplemental annual port i	is true and	d accu	imption sta urate and ti	that my	signature shall have the same li	ues, i turtne ≀gal effect a	r centity the s if made u	at the under oath; that
	Lam an o appears i	flicer or director of the corporation o in Block 12 or Block 13 if changed is	or the receiver or trust te emp or on an all a trust with an a	oy ered to	O BYO	ate this rep	eport as	required by Chapter 607, Florid	a Statutes; a	nd that my	/ name
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 priorit is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trust is emported to account 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 algorithm with an eadness.											