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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14 1997 8:00am Secretary of State

Principal Plac	CARTER, P.A.	Mailing Address 200 E ROBINSON PO BOX 2229	STREET #1245					
PO BOX 2229 DRIANDO FL 32802-9229			ORLANDO FL 32902-2229		3. Date Incorporated or Qualified 3a. Date of Last Report			
					01/01/1978	02/07	7/1996	
2. Principal P 1	lace of Business	2a. Mailing Addre	SS		4. FEI Number 59-1786938)	plied For t Applicable
Suite, Apt	# etc.	Suite, Apt. #, 6	etc.			[7]	\$8.75	
		27			5. Certificate of Status Desired		Fee Re	
City & State	e	City & State			6. Election Campaign Financing		\$5.00	
<u> </u>	Country			ountry	Trust Fund Contribution		Added I	
- Ζφ]	25	29	30	odini y	This corporation has liability to Florida Statutes	for lyrangible ta:		199.032,
ł		of Current Registered Agent	190]	T	10. Name and Address of New			
CAR	RTER, NOLAN			81 Name				
	VIRGINIA DRIVE			82 Street Ac	ddress (P.O. Box Number is Not Accep	otable)	7777	
WIN	TER PARK FL 32789			63	· .	***************************************		
				63				
				84 City			85 Zip (Code
II. Pursuant office or r agent 1 a	to the provisions of Section registered agent, or bolh, in an familiar with, and accep	ns 607.0502 and 607.1508. Florid in the State of Florida. Such chang of the obligations of, Section 607.0	a Statutes, the ge was authoriz 505, Florida St	above-named o	orporation submits this statement for the ration's board of directors. I hereby ac	ne purpose of cocept the appoin	hanging it ntment as	s registered registered
office or r agent 1 a IGNATURE	registered agent, or bolh, in familiar with, and accept	ns 607.0502 and 607.1508. Florid, in the State of Florida. Such chang of the obligations of, Section 607.0 tregistered against and title diapplicable.	je was authoriz 1505, Florida St	above-named or ged by the corpo tatutes.	orporation submits this statement for the ration's board of directors. I hereby act acquired when reinstating) ADDITIONS/CHANGES TO OF	DATE	ntment as	registered
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rischmency cernity mat me 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 instant 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 consecution or the receiver or trustee employeed to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on applicachment with an address.

SIGNATURE: