## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(3)

DOCUMI 1. Corporation Na CONTEI		4 (3)					
Principal Place of	Business	Mailing Address				DIBLI BIBLI BIBLI BIBLI BIBLI I	J:W)( W)W(( IVO
965 TAFT VIN		965 TAFT VINELAND	RD.				
ORLANDO FL		ORLANDO FL 32824			Date Incomparated as Qualified	3a. Date of Last Rep	ort
					3. Date Incorporated or Qualified 08/31/1978	03/13/199	
2. Principal Place	of Rueinese	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
2, Pfinoipai Fiace 1	g Or Diddii içaa	26			59-1851426		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 /	
]		Ctr. & State			6 Election Campaign Financing \$5.00 May Be		
City & State		City & State			Trust Fund Contribution	Added Added	to Fees
700	Country	7ip	Country		8. This corporation has liability for int	tangible tax under s 1	99.032,
Zıp <b>4</b> ]	25	29	29 30		Florida Statutes Yes No  10. Name and Address of New Registered Agent		
<u></u>	9. Name and Address of Curren				10. Name and Address of New Re	gistereo Agent	
			81	Name			
WONDE	RLY, C. L.		82	Street Addr	ess (P.O. Box Number is Not Acceptable	9)	
	T VINELAND RD.		83				
ORLAND	OO FL 32824					Pr   7.0	Code
			84	City	ration submits this statement for the purp rd of directors. I hereby accept the appoi	FL i i	
SIGNATURE	grature, byted or pointed harve intregistered agree OF FICERS AN	D D:RECTORS	) IE Rogolered Agor	ntsynalurure require	ADDITIONS/CHANGES TO OFFIC	DATE  CERS AND DIRECTOR  Change	RS IN 12
TITLE	PD	WONDERLY, C.L.				Onenge	
NAME				I ADDRESS			
STREET ADDRESS	4418 HAYLOCK DR.		1.3 STREE 1,4 CiTY - 5				
CITY - ST - ZIP	ORLANDO FL STD	Control of the co				Change	Addition
TITLE	ALEXANDER, ROLAND		2 1 TITLE 22 NAME				
NAME STREET ADDRESS	825 S. LAKE FORMOSA DI	R.	2.3 STREE	I ADDRESS			
CiTY-ST-ZIP	ORLANDO FL		2 4 CHY-		Change [		Addition
TITLE	V	☐ DELETE	3 1 117LE			L_I Onange	٠٠٠٠
NAME	WONDERLY, SCOTT A.		3.2 NAME				
STREET ADDRESS	5992 TURNBULL DR.			ET ADDRESS			
CITY - ST - ZIF	ORLANDO FL	DELLLE	34 CiTY -			☐ Change	☐ Addition
TITLE	V LANG, GEORGE C.		4.2 NAME				
NAME STREET ADDRESS	111 MEADOWLARK DR.			EL ADDRESS			
CITY - ST - ZIF	ORLANDO FL		4.4.01°Y	1		F3 05	Addition
TITLE		☐ DELETE	5 1 1111	· [		☐ Change	T] Woording
NAME			5.2 NAME	i			
STREET ADDRESS				ET ADDRESS			
CHTY - ST - ZIP	Florer		5 4 CITY 6 1 TITU		Change Addit		Addition
TITLE		☐ DELETE	6 2 NAM	1		<del></del>	
NAME				EL ADDRESS			
STREET ADDRESS			64 CITY	C1 700			7 77 11
CITY - ST - ZiP			uniah ad aud de	ace pot qualif	y for the exemption stated in Section 119	I.07(3)(k), Florida Statu	ites. I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify that I am an officer or oriector 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 13.1 changes or on appearance 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 13.1 changes or on appearance of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

27 MAR 96 4078554870