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

**PROFIT** CORPORATION **ANNUAL REPORT** 



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

•	1997	DIVISION OF CO	DRPORATIONS	Score	iry or State
· ·	MENT # 604294 S & AIRTH, P.A.	(9)			
			i		
Principal Place	of Business	Mailing Address		4 100110 01111 00111 01013 14010 14111 0101	MEDLI BIBIY MYATA BIBIT OLDZI OŁÓJE 1867
28 WEST CENTRAL ORLANDO FL 32801 US		P.O. BOX 3444 Orlando FL 32802-3444 US			
			•	3. Date Incorporated or Qualified 04/19/1973	3a. Date of Last Report 01/29/1996
2. Principal Pl	ace of Businoss	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1454399	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	······································		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country	28	Covaler	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip (29)	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, ] Yes □ □ No
24)	9. Name and Address of Current		100	10. Name and Address of New Re	
WILL	JAMS, WARREN E.		81 Name		
28 WEST CENTRAL ORLANDO FL 32801			82 Street Addr	ress (P.O. Box Number is Not Acceptab	la)
			OF COLUMN	tes (1:0. cox Nomber 15 Not Acceptable	
			83		
			64 City		85 Zip Code
		1007 1006 51			FL 63 ED COOO
office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State c	i and 607.1508, Florida Statute: of Florida. Such change was au	s, the above named corp Ithorized by the corporat	oration submits this statement for the pion's board of directors. I hereby acception	urpose of changing its registered at the appointment as registered
1	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statutes		
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE.	1.1 TITLE		Change Addition
NAME	WILLIAMS, WARREN E		1.2 NAME		
STREET ADDRESS	28 WEST CENTRAL BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	DELETE	1.4 CiTY-ST-ZIP		Change Addition
TITLE NAME	VŠD AIOTU W.C. I	[] SELETE	2.1 TITLE		C Change C Addition
STREET ADDRESS	AIRTH, W.C. J 28 WEST CENTRAL BLVD		2.2-NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELE1E	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		DELETE	4.1 JULE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 DITY- ST- 7)P 5.1 TITLE		Change Addition
NAME		hand perceive	5.2 NAME		End Growings End Continue
STREET ADDRESS			5.3 BIREET ADDRESS		
CITY-ST-ZIP			5.4 DITY-ST-ZIP		
TITLE		DELETE	6.1 THLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 \$1REE1 ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that eiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**FILED** 

May 06 1997 8:00am

Secretary of State