FILE NOW:	FILING FEE AFTER	MAY 1 IS \$225.00
PROFIT	A STATE OF THE STA	FLORIDA DEPARTMENT OF STATE
CORPORATION		Sandra B. Mortham



ANNUA	ORATION L REPORT <b>996</b>		Sandra B. Mortham. Socretary of State DIVISION OF CORPORATIONS							
DOCUM		96	(6)							
	RO OF ORLANDO, NW, I	<b>VC</b> ∙								
Principal Place o	Business	Mailin	g Address					<b></b>	DIL BIUIT BIUI	, QLBII DIVII ITQI
2721 FORSYTH RD STE 359 Winter Park Fl 32792		W	PO BOX 4506 Winter Park FL 32793 US						-0	
WINTER PAR US	K FL 32192	•				0	incorporated or Qualified 9/07/1979		of Last Re 04/26/19	95
2. Principal Plac	e of Business	2a. M	ailing Address			4. FELN	umber <b>59-1939016</b>		h	pplied For lot Applicable
Suite, Apt. #.	etc.		uite, Apt. #, etc			5, Certif	cate of Status Desired	[]		Additional Required
City & State			ity & State				on Campaign Financing Fund Contribution			May Be I to Fees
<b>23</b> Ζιρ	Country	— —	iti	Country 30		8. This o	corporation has liability fo	r intangible ta	ix under s	199.032,
24	25 g. Name and Address of Curre	29 nt Register		30]			e and Address of New		Agent	
	g, Maine and Address of Curre			81	Name					
ADAMS	, ADELE			82	Street A	Address (P.O. Bo	x Number is Not Accept	able)		
	ANCHESTER CIRCLE			83		, <u>, </u>				
WINTER	1 PARK FL 32792			84	City				85 ZIF	) Code
1					City			FL	.	
	the provisions of Sections 607.050 diagent, or both, in the State of Flo and accept the obligations of, Sec			, the above-r ditry the corp	named co oration's l	rporation submit board of director	s this statement for the p is. Thereby accept the ap	surpose of ch appointment as	anging its ri registered	agent. I am
CICALATUDE				Errichen Mari	er er er er er er er er	කෙර වාණ් ම රාහනයින් (අ		DATE		
	Signatura (Speci or printed reinc of required a)			13.		ADD:	TIONS/CHANGES 10 0	FFICERS AN	DIRECTO	RS IN 12
12.	PD	457 EVII 15 CO.1	DELETE	1 11016		VICE	PRESIDENT	<b>–</b>	Change	☐ Addition
NAME	ADAMS, ALAN S.			1.2 NAME					,	
STREET ADDRESS	1063 MANCHESTER CIRC	LE		1 3 STREET	ADORESS	•	•			
CITY+ST-ZIP	WINTER PARK FL			1.4 CITY - S	ST-ZIP	<b>=</b> ` −		, <u>u :</u>	Change	Addition
TITLE	DS		☐ DELETE	2 1 TITLE		PRESIZ	€N T	•	[-] Onlange	<u></u>
NAME	ADAMS, ADELE			2.2 NAME 2.3 STREE	I ADODICEC	,		•		
STREET ADDRESS	1063 MANCHESTER CIRC	LE		24 OITY 5		•				
CITY-S1-ZIP	WINTER PARK, FL 00000		DELETE	3 1 TiTLE	31 21				☐ Change	Addition
TITLE				32 NAME		İ				
NAME STREET ADDRESS	E			33 S1PEF	1 ADDRESS					
CITY-ST-ZIP				3.4 CITY -	S1 - ZIF				C Cassas	Addition
TITLE			☐ DEFELE	4 1 T-TLE		ļ			☐ Change	Madition
NAME				4.2 NAME						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP			DELETE	4.4 CHY - 5.1 THEF					☐ Change	Add-tion
TITLE			[] Wittie	5 2 NAME						
NAME					T ACORESS					
STREET ADORESS				5.4 CITY -						
CITY-ST-ZIP TIBLE			DELETE	6 1 THE					Change	Add-tion
NAME			<del></del>	6.2 NAME			•			

2017-S1-ZIP

14. Too 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 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 Blyck 3 if changed, or or or attractment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Plane 1.

6 3 STREET ADDRESS

STREET ADDRESS

407 - 677 - 5989