

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

FILED

**Feb 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 689881 (1)
1. Corporation Name
5617 WEST COLONIAL CORPORATION



Principal Place of Business % RALPH J KORANSKY 5617 WEST COLONIAL DR ORLANDO FL 32808	Mailing Address % RALPH J KORANSKY 5617 WEST COLONIAL DR ORLANDO FL 32808-7613
---	--

3. Date Incorporated or Qualified 10/01/1980	3a. Date of Last Report 02/05/1996
4. FEI Number 59-2031083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
--	---	---------------	---------------

9. Name and Address of Current Registered Agent KORANSKY, RALPH 3400 S ORANGE AVE ORLANDO FL 32808	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
--	---

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ST	NAME KORANSKY, YVONNE	1.1 TITLE
STREET ADDRESS 543 TIMBER RIDGE DR.	CITY-ST-ZIP LONGWOOD FL	1.2 NAME
TITLE P	NAME KORANSKY, RALPH J	1.3 STREET ADDRESS
STREET ADDRESS 543 TIMBER RIDGE DR.	CITY-ST-ZIP LONGWOOD FL	1.4 CITY-ST-ZIP
TITLE M	NAME CONTARSY, GEORGE	2.1 TITLE
STREET ADDRESS 4545 W TOUHY AVE APT 715	CITY-ST-ZIP LINCOLNWOOD IL	2.2 NAME
TITLE M	NAME CONTARSY, JOYCE	2.3 STREET ADDRESS
STREET ADDRESS 4545 W TOUHY AVE APT 715	CITY-ST-ZIP LINCOLNWOOD IL	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP

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 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 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 if changed or on an attachment with an address.

SIGNATURE: *Yvonne Koransky* **YVONNE KORANSKY 407-856-4993**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)