

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
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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
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2. Principal Place of Business 21 _____ Suite, Apt. #, etc. 22 _____ City & State 23 _____ Zip 24 _____ Country 25 _____	2a. Mailing Address 26 _____ Suite, Apt. #, etc. 27 _____ City & State 28 _____ Zip 29 _____ Country 30 _____
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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 <input type="checkbox"/>
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	

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 FL 85 Zip Code

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

TITLE	ST	<input type="checkbox"/> DELETE
NAME	KORANSKY, YVONNE	
STREET ADDRESS	543 TIMBER RIDGE DR.	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KORANSKY, RALPH J	
STREET ADDRESS	543 TIMBER RIDGE DR.	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	CONTARSY, GEORGE	
STREET ADDRESS	4545 W TOUHY AVE APT 715	
CITY - ST - ZIP	LINCOLNWOOD IL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	CONTARSY, JOYCE	
STREET ADDRESS	4545 W TOUHY AVE APT 715	
CITY - ST - ZIP	LINCOLNWOOD IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)