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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 607000

101

FILED Feb 03 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1850 LEE ROAD STE 115 WINTER PARK FL 32789 Mailing Address WINTER PARK FL 32789						
				3. Date Incorporated or Qualified		Report
2. Principal f	Principal Place of Business Results Results			08/06/1981 4. FEI Number	02/14/1996	oplied For
21	THOSE EXCENSES	26		59-2118077	f	of Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	4	Additional
City & Sta	NA.	City & State				equired
23	ne -	28		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	29	30		Yes No	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New F	legistered Agent	
	ITAR, STEVEN A.					
1850 LEE ROAD, SUITE 115 WINTER PARK FL 32789			82 Street Add	dress (P.O. Box Number is Not Accept	able)	
47,01	TIETT THE OF OF		83			
			B4 City		85 Zip	Code
				rporation submits this statement for the	FL	
SIGNATURE	Signature Typed or priced name of logistered a OFFICERS A	ND DIRECTORS	IOTE: Registered Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFF		
TITLE	PSTD	DELETE	1.1 TITLE		☐ Change	Addition
NAME	GRACE, PHILIP C		1.2 NAME			
STREET ADDRESS	1850 LEE RD., STE 115 WINTER PARK FL		1.3 STREET ADDRESS			
CITY+ST-ZIP	VP	DELETE	1.4 City-St-ZiP 2.1 Title		Change	Addition
NAME	HEATH, TRACY A.	-	2.2 NAME		_ •	
STREET ADDRESS	1850 LEE RD., STE 115		2.3 STREET ADDRESS			
CITY - ST - ZIP	WINTER PARK FL		2 4 CITY-ST-ZIP	······································	11.	
TITLE	VP ANDREA C	DELETE	3.1 TITLE		Change	Addition
NAME expect applicati	HOLCOMB, ANDREA G 1850 LEE RD 115		3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	WINTER PARK FL		3.4. CITY-SY-ZIP			
TITLE	47-117-may 1 r m 45 5 m	DELEY E	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET AODRESS			4.3 STREET ADDRESS			
City-St-7iP			4.4 CITY - ST - ZIP	·		····
TITLE		☐ DELETE	51 TITLE		☐ Change	Addition Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TOTLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME		C Vitalité	Addition .
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-SI-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 oddress.