FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711200

(6)

IDAN I	NODVEDO	LOCAL	NO	000	DINIO HING	COMPANY,	IMC
IHUN 1	WUKKEKS	LUUAL	NU.	808	DUILUING	COMPANT	INU

	Officerio Cooke No. 000	DOLLONIA COMPTANT	, ,,,,,		
Principal Place of Business		Mailing Address			ÊÎF DIDII ĐIDII DIĐỊI ĐIBIE ĐIDII ĐIDII IĐĐỊ
200 EAST LANDSTREET RD: 200 EAST LANDSTR ORLANDO FL 32824 ORLANDO FL 32824			ET RD.		
				3. Date Incorporated or Qualified	3a. Date of Last Report
				07/14/1966	03/15/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
21	Laba	Suite, Apt. #, etc.		59-1093386	\$8.75 Additional
Suite, Apt. #	r, etc.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30	Florida Statutes 10. Name and Address of New Re	Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Ne	Distance Walle
	ee, Miles & Grizzard, P.A.		82 Street Add	ress (P.O. Box Number is Not Acceptable	9)
	OHN CHAMBLEE		83		
202 CAR					In-1 7:- O-d-
IAMPA F	FL 33606-9360		84 City		FL 85 Zip Code
11 Pursuant to	o the provisions of Sections 617.0502	and 617,1508, Florida Statut	es, the above-named corpo	ration submits this statement for the purp	ose of changing its registered office
or registere	ed agent, or both, in the State of Florid h, and accept the obligations of, Secti	da. Such change was authoriz	ed by the corporation's boa	rd of directors. I hereby accept the appo	intment as registered agent. I am
	in, and accept the doligations of coor	1017 0 17 .0000, 1 rorled Clareto	,		
SIGNATURE _	Signature, typed or printed name of registered agent	and little if applicable. (NO	OTE: Registered Agent signature require		DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	DFT	DELETE	1.1 TITLE		Change Addition
NAME	PARKER, DANIEL S.		1.2 NAME		
STHEET ADDRESS	120 LAKE WINNIMISSETT DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND_FL	DELETE	1.4 C(TY-ST-Z)P		Change Addition
TITLE	PDB	Lijueceie	21 TITLE		C outlings C , source.
NAME	KITCHENS, DAVID E.		2 2 NAME 2 3 STREET ADDRESS		
STREET ADORESS	2758 TROPICAL LAKE DR		2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	KISSIMMEE FL.	DELETE	3.1 TITLE		Change Addition
NAME	RSD DVODAV STANIEV I ID	_	3.2 NAME		
STREET ADDRESS	DVORAK, STANLEY J., JR. 617 MORROCO AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32807		3.4. CITY - ST - ZIP		
TITLE	GULANDO, I L DEDUI	DELETE	4.1 TOTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		ED AND
TITLÉ		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
TITLE		[]\text{\text{terc}}	6.2 NAME		<u> </u>
NAME			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
CITY-ST-ZIP	v certify that the information supplied	with this filing is voluntarily fur	vieted and does not ouglify	for the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further
certify that		ual report or supplemental an oration or the receiver or trust	nual report is true and accur ee empowered to execute th	ate and that my signature shall have the his report as required by Chapter 617, Flo	

SIGNATURE: Daniel S. Parker 2/14/96 407:859-9366

CR2E037 (12/95)