FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION - ANNUAL REPORT

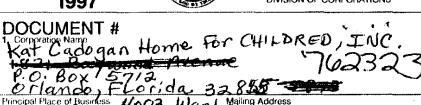


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997



FILED May 19 1997 8:00am Secretary of State

Principal Place of Business 4/202 1/2 1 Mailing Address			
Principal Place of Business 4003 Wendy Mailing Address			
P.D.	200 5000	}	
	BOX 5712		
Oria	ndo, FL	3. Date Incorporated or Qualified	3a. Date of Last Report
33	AK S	3/08/82	<u> </u>
2. Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
21 4003 Wendy Ur. 26 (8)	HOLE THE	59 2207/12	* Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	10.	5. Certificate of Status Desired	\$8.75 Additional
22 27 Chair State	TTO DOX		Fee Required
23 Clando FC 28 City & State		Election-Campaign Financing Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 2ip Country 32 808 25 USA 29 33 USA 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 12 No			
Name and Address of Current Registered Agent		10. Name and Address of New Reg	Istered Agent
C L + / // Name			
Street, Lothie	82 Street Addre	ss (P.O. Box Number is Not Acceptable	
254 Domino Dr.			
	83		
Orlando, + L 32805	84 City		85 Zip Code
·	Jan City		FL S Zip Code
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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 617.0503, Florida Statutes.			
SIGNATURE			
Signature, typed or punted name of registered agent and title if applicable DIOTE	Registered Agent signature required		DATE
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
President.	TITULE '	avid Swinson Ir	Change Addition &
NAME DESTREET -	1.2 NAME		Charman
STREET ADDRESS 254 Doming Dri CITY ST-ZIP OFTONDO, 71, 32808	1.3 STREET ADDRESS	5 Travis La	ne u
A THE PARTY OF THE	1.4 CITY-ST-ZIP	ewith lexas	76643 R
HILE Director DIVELETE	2.1 TITLE	Pirector	Change Produition
NAME Odel Dennis	22 NAME 30	an Christian	,
STREET ADDRESS 2238 OSh Kosh Dr	2.3 STREET ADDRESS 2	445 Tesora	ct
City St AP Orlando, Fl	2.4 CITY-ST-ZIP	ississme, Fl	34744
THE VELOND DELETE	3.1 TITLE 3	irector	Change Lar Addition
NAME 2000 DOINGS	3.2 NAME . N	ick Sandroni	
STREET ATORESS 2008 CS 1 100	3.3 STREET ADDRESS 3:	316 Monika (civele
CITY ST- 21P Of ande, 14, 32806	3.4. CiTY-ST-ZIP	riando, FL 3	348/2
Lottie & STRUETPY LIDELETE	41 Title	leven Golub	Change DAddition
254 Domino DC	4.2 NAME	42 Wabster	St allicer
STHET ADDRESS ACCOUNTY TO BE STORED DISCORDE	43 STREET ADDRESS	riando PD an	62 W
CITY ST AP OF LONGO, A CONTROL DIRECTOR	44 CITY-ST-ZIP		Change Daddied
	51 TiTLE	enny Swinson	L. Change L. Addition
NAME	5.2 NAME	5 TOVIS LAND	Ottice//(/ L
STREET ADDRESS		Pero H TX. 766	42 4/10/0
CHY-ST 7IP	5.4 CITY-ST-ZIP 6.1 TITLE	CWILL, INI 166	Change Addition
NAME	6.2 NAME	0000021S -06/02/97010	10-010
SIRET ADDRESS	6.3 STREET ADDRESS		10012
City St 7tP	64 City-St-ZiP	***70.00 n Section 119.07(3Vi). Florida Statutes	I further certify that the
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
The state of the s			
SIGNATURE: Letter & Derest	, I resident	429/97	295-9350
J SIGNATURETAND TYPIEDTER PRINTED NAME OF SKANNING OFFICEN	OR DIRECTOR	Date	Daytime Phone #