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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 26 1997 8:00am

Secretary of State

Merch 20, 1997 (94)

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 856534

(3)

XANADU ENTERPRISES OF FLORIDA, INC.

Principal Place of Business Mailing Address  2600 VIRGINIA AVE NW % DAVID A. SUTHERLE STE 1000 2600 VIRGINIA AVE., N					
WASHINGTON I	DC 20037	WASHINGTON DC 20037-		Date Incorporated or Qualified	
<b>U</b> U				05/24/1983	04/11/1996
2. Principal P	abe of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		93-0829059	Not Applicable
Suite, Apt :	#, <b>(</b> *10.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati 23	:	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability to	or intangible tax under s. 199.032,
24	25]	29	30	Florida Statutes	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New I	Registered Agent
	CHER, TERRY A		81 Name		
	00 GATOR ROAD		82 Street Ad	ldress (P.O. Box Number is Not Accept	table)
FT N	AYERS FL 33912		83		
			63		
			84 City		FL 85 Zip Code
agent, Lai SIGNATURE	in familian with, and accept the oblig Sugars risport for some introported ag	ations of, Section 607 0505, FI	orida Statutes  IE: Registered Agent signature rec		DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
101.F	PSD DAME A	[] DELETE	1.1 TITLE		Change Addition
NAME SURFELADDRESS	SUTHERLUND, DAVID A. 2600 VIRGINIA AVE., NW #10	ΛΛ	1.2 NAME 1.3 STREET ADDRESS		
City - St - 7if	WASHINGTON DC 20037	ψV	1.4 CITY - ST - ZIP		
THE	VP	DELETE	2.1 TITLE		Change Addition
NAM4	TINCHER, TERRY A		2.2 NAME		
SINECLATIONISS	16900 GATOR ROAD		2.3 STREET ADDRESS		
GICY - \$1 - 76°	FT MYERS FL		2. 4 CITY - ST - ZIP		
¢;(الد		☐ DELETE	3.1 TITLE		Change Addition
NAM:			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-SI-ZIP		DELETE	3.4. CITY-ST-2IP 4.1 TITLE		Change Addition
TIPLE NAME		C) precit	4. 2 NAME		L. Change E. Rodinon
STREET AUCHASA			4.3 STREET ADDRESS		
Offy: \$1:7IP			4.4 CITY-ST-ZIP		
Tille		DELFTE	5.1 TIFLE		Change Addition
NAME.			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C TY - ST - ZIP			5.4 CITY-ST-ZIP		
THEF		Delete	6.1 TITLE		Change Addition
N#M+			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	·	
C 1Y-51-249			64 CITY-ST-ZIP		
14. Loo heres ir formatio Larn an o	by denuly that the information supplic in indicated on this annual report or these or director of the corporation o	<ul> <li>with this filling does not qual supplemental annual report is the receiver or trustee empore</li> </ul>	ity for the exemption stat true and accurate and the wered to execute this rep	ted in Section 119.07(3)(i), Florida Stati nat my signature shall have the same le oort as required by Chapter 607, Florid	utes. I further certify that the egal effect as if made under oath; the a Statutes, and that my name a common and the common a