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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # **F05896**

(8)

FILED Mar 20 1997 8:00am Secretary of State

				3. Date Incorporated or Qualified 11/18/1980	3a. Date of Last Repo 04/09/1996	ort
2. Principal P 1	Yaca of Business	2a. Mailing Address 26		4. FEI Number 59-2050834		ed For pplicable
Suite, Apt	π, el.:	Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Add	litional
2 City & Stat		City & State		6. Election Campaign Financing	\$5.00 Ma	
]		28		Trust Fund Contribution	Added to F	ees
Ζφ. 4	Country 25	Zφ [29]	Country 30	8. This corporation has liability for i	ntangible tax under s. 19 XYes — 🔲 No	99.032,
1	9. Name and Address of Currer		1301	10. Name and Address of New Re		
	VSON, MARCUS G		81 Name			
	4 HILLIARD ISLE RD.		82 Street Add	iress (P.O. Box Number is Not Acceptab	le)	
KISS 3474	SIMMEE, FLORIDA 44		83			
U-17-0	77					
			84 City		FL 85 Zip Cod	de
азен та	ana taminar warn, and accept the oblig	gations of, Section 607.0505,	Florida Statutes.	poration submits this statement for the patient's board of directors. I hereby accep	t are appointment as reg	gisterea
SIGNATURE	Separate tyle the pool and the of egy to of age	ie ir a «Ethe if applicatile (N ID DIRECTORS	OTE Registered Agent signature requi		DATE ERS AND DIRECTORS I	N 12
SIGNATURI 12.	OFFICERS AN LAWSON, MARCUS G.	er a -4 the it applicable (N	OTE: Registered Agent signature requ	ired when reinstating)	DATE ERS AND DIRECTORS I	N 12
RIGNATURE 12. 1116 1246 1246	OF LICERS AN LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD	ie ir a «Ethe if applicatile (N ID DIRECTORS	OTE: Ring-sizerod Agent signature requirements 13.	ired when reinstating)	DATE ERS AND DIRECTORS I	N 12
SIGNATURE 12. 12. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16	OF LICERS AN PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL	per not the diapplicable (N DD DIRECTORS [] DELETE	13. 11THUE 1.2 NAME 1.3 STHEET ADDRESS 1.4 CITY-SI-ZIP	ired when reinstating)	DATE ERS AND DIRECTORS II Change	N 12] Addit.c
SIGNATURE 12. SHE IRME SHEET ADDRESS SHEET ADD	OFFICERS AN PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP	ie ir a «Ethe if applicatile (N ID DIRECTORS	OTE Registered Agent signature required. 13. 11 THUE 12 NAME 1.3 STHEET ADDRESS 1.4 CHY-SI-ZIP 2.1 THE	ired when reinstating)	DATE ERS AND DIRECTORS II Change	N 12] Addit.c
SIGNATURE 12. DITE RMS DITE-STATE LE AMM	OF LICERS AN PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL	per not the diapplicable (N DD DIRECTORS [] DELETE	OTE Registered Agent signature required. 13. 11 THUF 12 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-2iP 2.1 THUE 2 2 NAME	ired when reinstating)	DATE ERS AND DIRECTORS II Change	N 12] Addit.i
SIGNATURE 12. 1016 NAME SIRELLADOPES LILLE VAMI SCRELLADORES SCRELLADORES SCRELLADORES	OFFICERS AN PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP LAWSON, CATHERINE P.	per not the diapplicable (N DD DIRECTORS [] DELETE	OTE Registered Agent signature required. 13. 11 THUE 12 NAME 1.3 STHEET ADDRESS 1.4 CHY-SI-ZIP 2.1 THE	ired when reinstating)	DATE ERS AND DIRECTORS II Change	N 12] Addit.c
SIGNATURE 12. 101E NAME SIRELLARCHES LILE VAMI STRELLARCHES CLY SL ZE CLY SL ZE	OFFICERS AND PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP LAWSON, CATHERINE P. 2954 HILLIARD ISLE ROAD	per not the diapplicable (N DD DIRECTORS [] DELETE	OTE Registered Agent signature required. 13. 11 THUE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THUE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THUE	ired when reinstating)	DATE ERS AND DIRECTORS II Change	N 12] Addit.c
SIGNATURE 12. 1016 NAME SIBLET ADDRESS THE ADDRESS DI V. ST. ZIP HILLE HAMA BY BELL ADDRESS DI V. ST. ZIP HILLE HAMA HAMA	OFFICERS AND PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP LAWSON, CATHERINE P. 2954 HILLIARD ISLE ROAD	IO COLORE CTORS DELETE DELETE	13. 11 THUE 12 NAME 13 STREET ADDRESS 14 CHY-SI-ZIP 21 THUE 2 2 NAME 23 STREET ADDRESS 24 CHY-SI-ZIP 31 THUE 32 NAME	ired when reinstating)	DATE ERS AND DIRECTORS II Change	
SIGNATURE 2. PUE RME IBLET ADDRESS THE AAM NEET ADDRESS THE AAM ILE AMI ILE ILE AMI ILE ILE AMI ILE ILE ILE ILE ILE ILE ILE I	OFFICERS AND PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP LAWSON, CATHERINE P. 2954 HILLIARD ISLE ROAD	IO COLORE CTORS DELETE DELETE	13. 11 THLF 12 NAME 13 STHEET ADDRESS 14 CHY-ST-ZIP 21 THLE 22 NAME 23 STREET ADDRESS 2 4 CHY-ST-ZIP 31 THLE 32 NAME 33 STREET ADDRESS	ired when reinstating)	DATE ERS AND DIRECTORS II Change	N 12] Addit.c
SIGNATURE 12. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16	OFFICERS AND PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP LAWSON, CATHERINE P. 2954 HILLIARD ISLE ROAD	IO COLORE CTORS DELETE DELETE	13. 11 THUE 12 NAME 13 STREET ADDRESS 14 CHY-SI-ZIP 21 THUE 2 2 NAME 23 STREET ADDRESS 24 CHY-SI-ZIP 31 THUE 32 NAME	ired when reinstating)	DATE ERS AND DIRECTORS II Change Change	N 12 Addit.c
OGNATURE 2. OUE SME IBELLADDRESS IDE SA ZIP ILE AMI NELLADDRESS ILE AMI ILE AMI ILE AMI ILE ILE AMI ILE ILE ILE ILE ILE ILE ILE I	OFFICERS AND PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP LAWSON, CATHERINE P. 2954 HILLIARD ISLE ROAD	IO DIRECTORS DELETE DELETE DELETE	13. 11 THUE 12 NAME 13 STHEET ADDRESS 14 CHY-ST-ZIP 21 THUE 22 NAME 23 STREET ADDRESS 2 4 CHY-ST-ZIP 31 THUE 32 NAME 33 STREET ADDRESS 34 CHY-ST-ZIP	ired when reinstating)	DATE ERS AND DIRECTORS II Change Change	N 12 Addition
SIGNATURE 12. 1016 RMS SIBELLADORESS DEV. SE ZIP THE AMI SERFITADORESS DIV. ST ZIP THE THE THE THE THE THE THE TH	OFFICERS AND PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP LAWSON, CATHERINE P. 2954 HILLIARD ISLE ROAD	IO DIRECTORS DELETE DELETE DELETE	OTE Registered Agent signature required. 13. 11 THLF 12 NAME 13 STHEET ADDRESS 14 CHY-ST-ZIP 21 THLE 22 NAME 23 STREET ADDRESS 2 4 CHY-ST-ZIP 31 THLE 32 NAME 33 STHEET ADDRESS 34 CHY-ST-ZIP 41 THLE	ired when reinstating)	DATE ERS AND DIRECTORS II Change Change	N 12] Addit.c
SIGNATURE 2. OUE RMS IRELIANCES ILY ST ZE ILE AMI CRETIANCESS ILY ST ZE ILE AMI RELIANCESS ILY ST ZE	OFFICERS AND PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP LAWSON, CATHERINE P. 2954 HILLIARD ISLE ROAD	DELETE DELETE DELETE DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ired when reinstating)	DATE ERS AND DIRECTORS II Change Change Change	N 12 Addition Addition Addition
SIGNATURE 2. OUE SME INELIABLES ITY-ST-ZIP- ILE AMI CRETIADDRESS ITY-ST-ZIP- ILE AMI AME IADDRESS ITY-ST-ZIP- ILE AMI AMI AMI AMI AMI AMI AMI AM	OFFICERS AND PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP LAWSON, CATHERINE P. 2954 HILLIARD ISLE ROAD	IO DIRECTORS DELETE DELETE DELETE	13. 11 TITLE 1.2 NAME 1.3 STHEET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STHEET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ired when reinstating)	DATE ERS AND DIRECTORS II Change Change Change	N 12 Addition Addition Addition
SIGNATURE 12. 12. 12. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16	OFFICERS AND PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP LAWSON, CATHERINE P. 2954 HILLIARD ISLE ROAD	DELETE DELETE DELETE DELETE	13. 11 THE 12 NAME 13 STHEET ADDRESS 14 CHY-SI-ZIP 21 THE 22 NAME 23 STREET ADDRESS 24 CHY-SI-ZIP 31 THE 32 NAME 33 STHEET ADDRESS 34 CHY-SI-ZIP 41 THE 42 NAME 43 STREET ADDRESS 44 CHY-SI-ZIP 51 THE 52 NAME	ired when reinstating)	DATE ERS AND DIRECTORS II Change Change Change	N 12 Addition Addition Addition
SIGNATURE 12. 12. 12. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16	OFFICERS AND PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP LAWSON, CATHERINE P. 2954 HILLIARD ISLE ROAD	DELETE DELETE DELETE DELETE	13. 11 THE 12 NAME 1.3 STHEET ADDRESS 1.4 CHY-SI-ZIP 2.1 THE 2 2 NAME 2.3 STREET ADDRESS 2.4 CHY-SI-ZIP 3.1 THE 3.2 NAME 3.3 STHEET ADDRESS 3.4 CHY-SI-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-SI-ZIP 5.1 THE 5.2 NAME	ired when reinstating)	DATE ERS AND DIRECTORS II Change Change Change	N 12 Addition Addition Addition
SIGNATURE 12. 1016 NAM: SIBBELLADOPES 101.6 NAM: SIBBELLADOPES CLIVIST ZIP	OFFICERS AND PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP LAWSON, CATHERINE P. 2954 HILLIARD ISLE ROAD	DELETE DELETE DELETE DELETE	13. 11 THE 12 NAME 13 STHEET ADDRESS 14 CHY-SI-ZIP 21 THE 22 NAME 23 STREET ADDRESS 24 CHY-SI-ZIP 31 THE 32 NAME 33 STHEET ADDRESS 34 CHY-SI-ZIP 41 THE 42 NAME 43 STREET ADDRESS 44 CHY-SI-ZIP 51 THE 52 NAME	ired when reinstating)	DATE ERS AND DIRECTORS II Change Change Change Change	N 12 Addit.c
SIGNATURE 12. 12. 12. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16	OFFICERS AND PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP LAWSON, CATHERINE P. 2954 HILLIARD ISLE ROAD	DELETE DELETE DELETE DELETE	13. 11 THE 12 NAME 13 STHEET ADDRESS 14 CHY-SI-ZIP 21 THE 22 NAME 23 STREET ADDRESS 24 CHY-SI-ZIP 31 THE 32 NAME 33 STHEET ADDRESS 34 CHY-SI-ZIP 41 THE 42 NAME 43 STREET ADDRESS 44 CHY-SI-ZIP 51 THE 52 NAME 53 STREET ADDRESS 54 CHY-SI-ZIP	ired when reinstating)	DATE ERS AND DIRECTORS II Change Change Change Change	N 12 Addition Addition Addition Addition Addition
SIGNATURE 12. 12. 12. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16	OFFICERS AND PSD LAWSON, MARCUS G. 2954 HILLIARD ISLE ROAD KISSIMMEE FL VP LAWSON, CATHERINE P. 2954 HILLIARD ISLE ROAD	DELETE DELETE DELETE DELETE	13. 11 TITLE 12 NAME 1.3 STHEET ADDRESS 1.4 CITY-SI-ZIP 2.1 TITLE 2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP 3.1 TITLE 3.2 NAME 3.3 STHEET ADDRESS 3.4 CITY-SI-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-SI-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-ZIP 5.1 TITLE 5.3 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-ZIP 5.1 TITLE 5.3 NAME 5.3 STREET ADDRESS 5.4 CITY-SI-ZIP 5.1 TITLE	ired when reinstating)	DATE ERS AND DIRECTORS II Change Change Change Change	N 12 Addition Addition Addition Addition

4. 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:

MARCUS G. LAWSON 19

Jauro 407-348-4576
Date Date Proce 4

R2E034 (9/96)