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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F39777

(0)

RONALD C. GUERNSEY, CLU, P.A.

FILED								
Feb 24 1997 8	:00am							
Secretary of	State							

2-21-96 407-876-2337

Principal Place of Business Mailing Address 8044 CLASSIC CT. 9044 CLASSIC CT. ORLANDO FL 32819 ORLANDO FL 32819-402		· ·					
					3. Date Incorporated or Qualified 06/08/1981	3a. Date of Last F 08/08/1996	Prodet
2. Principal	Place of Business	2a. Mailing Address		***************************************	4. FEI Number		pplied For
21			38		59-2156952	N	ot Applicable
Suite, Ap	ot #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional lequired
22 City & Sta	ate:	City & State	***************************************		6. Election Campaign Financing		May Be
23	28 WINDERMERE		e		Trust Fund Contribution		lo Fees
Ζφ	Country	Zip	Countr	•	8. This corporation has liability for	intangible tax under s	s. 199.032,
24	25	29 34786-1438	30 OP	ANGE		Yes No	
	9. Name and Address of Curr	ent Registered Agent	B.	Name	10. Name and Address of New Ro	gistered Agent	·····
	JERNSEY, RONALD C		6	Name	·		
	44 CLASSIC COURT		82 Street Addr		ddress (P.O. Box Number is Not Accepta	ble)	
Ur	RLANDO FL 32819		83	3			
			84	City		FL 85 Zip	Code
l office or	r registered agent, or both, in the Sta Lam farmiliar with, and accept the ob'	to of Florida. Such change was a gations of, Section 607.0505, Flor	uthorized b rida Statute	by the corposes.	corporation submits this statement for the oration's board of directors. I hereby acce equired when rainstating)	pt the appointment as	; registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PST	DELETE	1.1 TOLE			Change	Addition
NAME	GUERNSEY, RONALD C		1.2 NAME				
STREET ADDRESS		•		T ADDRESS	•		
CHY-S1-7F THLE	ORLANDO FL	DELETE	1.4 CITY - 2.1 TITLE			Change	Addition
NAME		Determ	2.2 NAME	Į.		_ Change	C. Addition
STREET ADORESS	e l			T ADDRESS			
CHY-SI-ZIF			2. 4 CITY	· · · · · · · · · · · · · · · · · · ·			
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADORESS	s		3.3 STREE	T ADDRESS			
CHY-SI-ZIF			3.4. CITY	- ST- ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM	E			
STREET ADORESS	8		4.3 STREE	T ADDRESS			
CHY-SI-ZIP		Druett	4.4 CITY			П	4 100
TITLE		☐ DELETE	5.1 TITLE			L. Change	Addition
NAME STREET ADORESS	t:		5.2 NAME	i			
CHY-ST-7.P			5.4 CITY-	T ADDRESS			
1-11-1		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAM6	.		·	
STREET ADORESS	S		63 STREE	T ADDRESS			
CITY-ST-ZIP			6 4 CITY -	ST-ZIP			
14. Edo her informa Eain an appear	reby certify that the information supplition indicated on this arimual report of infficer or director of the comporation is in Black 12 or Block 13 if chapted.	ied with this filing does not qualify r supplemental annual report is tro or no receiver or trustee empowe or on an attachment with an addi	y for the ex ue and acc ered to exe ress.	emption sta curate and t cute this re	ated in Section 119.07(3)(i). Florida Statut that my signature shall have the same leg port as required by Chapter 607, Florida	es. I further certify that al effect as if made un Statutes; and that my	t the nder oath; that name