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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # FOROMONATOR

C/O 10100 INTERNATIONAL DR. C/O 1				ailing Address O 10100 INTERNATIONAL DR. RLANDO FL 32821								
								3. Date Incorporated or Qua	ified	4	ite of Last F	eport
D. Dradinal D	Inon of Pusio		120	Aciting Addrson				03/03/1995 4, FEI Number		<u>U4/</u>	16/1996	allant Cas
Principal Place of Business			·	2a. Mailing Address				84-1295042				oplied For ot Applicable
Suite Apt.	# etc.			Suite, Apt. #, etc.								Additional
2			27				· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desire		<u> </u>	Fee R	quired
ー City & State	e		├ ~~,	City & State				8. Election Campaign Finance	ing	r		May Be
7	·	Country	28	Z ip	T Co.	nlry		Trust Fund Contribution				to Fees
Ζιρ 4]	}	25	29	-its	30	i iti y		 This corporation has liability Florida Statutes 			tax under s] No	. 199.032,
11		and Address of Curre		red Agent	1301			10. Name and Address of No				
BAK	ER, JOSEPI	H				81	Name					
10100 INTERNATIONAL DR.						62	Street Add	ddress (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL 3	2821								·-,		
						83						
						84	City				85 Zip	Code
	4. 10	007.05		Jeon E. S. O.					. 41	FL		
office or re	egistered ag	ent, or both, in the State	e of Florida	. Such change wa	s authorize	d by	the corpora	ation's board of directors. I hereby	accep	t the app	ointment as	registered
ayeni. Fa	rn rainmar wu	th, and accept the oblig	jations of, t	Section 607.0505,	Florida Stat	utes.		rporation submits this statement fo ation's board of directors. I hereby				
SIGNATURE												
SIGNATURE		th, and accept the oblig or printed name of registered ag OFFICERS AN	ent and title if a	applicable. (N				rulred when reinstaing) ADDITIONS/CHANGES TO		DATE		
SIGNATURE		or printed name of registered ag	ent and title if a	applicable. (N	IOTE: Registere	d Agen		guired when reinstating)		DATE		
SIGNATURE 12. HILE	Signature, Typed	or printed name of registered ag OFFICERS AN	ent and title if a	applicable. (N ORS	IOTE: Registere	d Agen		guired when reinstating)		DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	PCST BAKER, J 10100 IN	or privided named of registered ag OFFICERS AN IOSEPH TERNATIONAL DR.	ent and title if a	applicable. (N ORS	13. 1.1 Ti	d Agen ILE IME		guired when reinstating)		DATE	DIRECTOR	RS IN 12
SIGNATURE 12. HILE NAME STREET ADDRESS CHY - ST - ZIP	PCST BAKER, J 10100 INT ORLANDO	ox printed name of registered ag OFFICERS AN	ent and title if a	applicable. (N ORS DELETE	13. 1.1 Ti 1.2 Ni 1.3 S 1.4 Cl	I Agen ILE AME IREET A	nt signature req	guired when reinstating)		DATE	DIRECTOR Change	RS IN 12
SIGNATURE 12. ITLE NAME STREET ADDRESS CHY - ST - ZIP	PCST BAKER, J 10100 INT ORLANDO	OFFICERS AND OFFICERS AND OFFICERS AND OSEPH TERNATIONAL DR. DFL 32821	ent and title if a	applicable. (N ORS	13. 1.1 Tr 1.2 N 1.3 S 1.4 Cl 2.1 Tr	TLE AME TY-ST	nt signature req	guired when reinstating)		DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME	PCST BAKER, J 10100 INT ORLANDO D BAKER, J	OFFICERS AN OFFICERS AN OSEPH TERNATIONAL DR. D FL 32821	ent and title if a	applicable. (N ORS DELETE	13. 1.1 Tr 1.2 N. 1.3 S 1.4 Cl 2.1 Tr 2.2 N.	TLE AME FREET A TY-ST TLE	ADDRESS	guired when reinstating)		DATE	DIRECTOR Change	RS IN 12
SIGNATUFE 12. UILE VAME STREET ADDRESS DITLE VAME STREET ADDRESS	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	applicable. (N ORS DELETE	13. 1.1 Tr 1.2 N. 1.3 S 1.4 Cl 2.1 Tr 2.2 N. 2.3 S	TLE AME TREET A TY-ST TLE AME	ADDRESS 1-ZIP ADDRESS	guired when reinstating)		DATE	DIRECTOR Change	RS IN 12
SIGNATUFE 12. UILE VAME STREET ADDRESS DITLE VAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN OSEPH TERNATIONAL DR. D FL 32821	ent and title if a	applicable. (N ORS DELETE	13. 1.1 Tr 1.2 N. 1.3 S 1.4 Cl 2.1 Tr 2.2 N. 2.3 S	TLE AME TY-ST TLE AME TREET A	ADDRESS 1-ZIP ADDRESS	guired when reinstating)		DATE	DIRECTOR Change	iS IN 12 Addition
SIGNATURE 12. ITHE NAME STREET ADDRESS ONLY ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	applicable (N ORS DELETE	13. 1.1 Tr 1.2 N. 1.3 S 1.4 Cr 2.1 Tr 2.2 N. 2.3 S 2.4 Cr	TLE AME TY-ST TLE AME TREET A TY-ST TLE	ADDRESS 1-ZIP ADDRESS	guired when reinstating)		DATE	DIRECTOR Change	iS IN 12 Addition
SIGNATURE 12. ITHE NAME STREET ADDRESS OTY, ST. ZIP TITLE NAME STREET ADDRESS CITY, ST. ZIP TITLE NAME NAME	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	applicable (N ORS DELETE	13. 1.1 Tr 1.2 Nr 1.3 S 1.4 Cl 2.1 Tr 2.2 Nr 2.3 S 2.4 C 3.1 Tr 3.2 Nr	TILE AME THEET / TILE AME TREET / TILE AME TREET / TILE AME	ADDRESS 1-ZIP ADDRESS	guired when reinstating)		DATE	DIRECTOR Change	iS IN 12 Addition
SIGNATUFE 12. HILE VAME STREET ADDRESS DITY ST-ZIP HILE VAME STREET ADDRESS DITY ST-ZIP HILE VAME STREET ADDRESS STREET ADDRESS	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	Applicable (N ORS DELETE DELETE	13. 1.1 Tr 1.2 Nr 1.3 S 1.4 Cl 2.1 Tr 2.2 Nr 2.3 S 2.4 C 3.1 Tr 3.2 Nr 3.3 S	TILE AME THEET / TILE AME TREET / TILE AME TREET / TILE AME	ADDRESS 1-ZIP ADDRESS 4-ZIP ADDRESS 4-ZIP	guired when reinstating)		DATE	DIRECTOR Change Change	Addition
SIGNATURE 12. THE NAME STREET ADDRESS CITY ST-ZIP THE CITY ST-ZIP THE NAME STREET ADDRESS CITY ST-ZIP THE NAME STREET ADDRESS CITY ST-ZIP	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	applicable (N ORS DELETE	13. 1.1 Tr 1.2 Nr 1.3 S 1.4 Cl 2.1 Tr 2.2 Nr 2.3 S 2.4 C 3.1 Tr 3.2 Nr 3.3 S	TLE AME TY-ST TLE AME TREET A TY-ST TLE AME TREET A TITY-ST TLE TREET A TITY-ST	ADDRESS 1-ZIP ADDRESS 4-ZIP ADDRESS 4-ZIP	guired when reinstating)		DATE	DIRECTOR Change	Addition Addition
SIGNATUFIE 12. TITLE NAME STREET ADDRESS GITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	Applicable (N ORS DELETE DELETE	13. 1.1 Tr 1.2 Nr 1.3 S 1.4 Cl 2.1 Tr 2.2 Nr 2.3 S 2.4 C 3.1 Tr 3.2 Nr 3.3 S 3.4 C	A Agen TLE AME AREET A TLE AME TREET A TLE AME TLE THE TREET A TLE TREET A TLE TREET A TREET A	ADDRESS 1-ZIP ADDRESS 4-ZIP ADDRESS 4-ZIP	guired when reinstating)		DATE	DIRECTOR Change Change	Addition Addition
SIGNATUFIE 12. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	Applicable (N ORS DELETE DELETE	13. 1.1 Tr 1.2 N. 1.3 S 1.4 Cl 2.1 Tr 2.2 N. 2.3 S 2.4 C 3.1 Tr 3.2 N. 3.3 S 3.4 C 4.1 Tr 4.2 N. 4.3 S	A Agen TLE AME TREET / TY-ST TLE AME TY-ST TLE AME TY-ST TLE AME TLE AME TLE AME TREET / TREET / TREET /	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	guired when reinstating)		DATE	DIRECTOR Change Change	RS IN 12
SIGNATUFE 12. TITLE NAME STREET ADDRESS OHY ST-ZIP TITLE NAME STREET ADDRESS OHY-ST-ZIP TITLE NAME STREET ADDRESS OHY-ST-ZIP TITLE NAME STREET ADDRESS OHY-ST-ZIP TITLE STREET ADDRESS OHY-ST-ZIP	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	Applicable. (NO ORS DELETE	13. 1.1 Tr 1.2 N. 1.3 S 1.4 Cl 2.1 Tr 2.2 N. 2.3 S 2.4 C 3.1 Tr 3.2 N. 3.3 S 3.4 C 4.1 Tr 4.2 N. 4.3 S 4.4 Cl	TAGENT AME TOTALE THE TAME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	guired when reinstating)		DATE	DIRECTOR Change Change Change	Addition Addition Addition
SIGNATUFIE 12. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	Applicable (N ORS DELETE DELETE	13. 1.1 Tr 1.2 N. 1.3 S 1.4 Cl 2.1 Tr 2.2 N. 2.3 S 2.4 C 3.1 Tr 3.2 N. 3.3 S 3.4 C 4.1 Tr 4.2 N. 4.3 S 4.4 C 5.1 Tr	TLE AME TY-ST TLE AME THEET / TILE AME THEET / TILE AME THEET / TILE AME THEET / TILE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	guired when reinstating)		DATE	DIRECTOR Change Change	Addition
SIGNATUFE 12. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	Applicable. (NO ORS DELETE	13. 1.1 Tr 1.2 N 1.3 S 1.4 Cl 2.1 Tr 2.2 N 2.3 S 2.4 C 3.1 Tr 3.2 N 3.3 S 3.4 C 4.1 Tr 4.2 N 4.3 S 4.4 C 5.1 Tr 5.2 N	TILE AME TY-ST TILE AME TREET / TILE AME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	guired when reinstating)		DATE	DIRECTOR Change Change Change	Addition Addition Addition
SIGNATUFE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	Applicable. (NO ORS DELETE	13. 1.1 Tr 1.2 N 1.3 S 1.4 Cr 2.1 Tr 2.2 N 2.3 S 2.4 Cr 3.1 Tr 3.2 N 3.3 S 4.4 Cr 4.1 Tr 4.2 N 4.3 S 4.4 Cr 5.1 Tr 5.2 N 5.3 S	TILE AME TY-ST TILE AME TREET / TY-ST TILE AME TREET / TY-ST TILE AME TREET / TY-ST TILE	ADDRESS 1- ZIP ADDRESS T- ZIP ADDRESS T- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	guired when reinstating)		DATE	DIRECTOR Change Change Change	Addition Addition Addition
SIGNATUFIE 12. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	Applicable. (NO ORS DELETE	13. 1.1 Tr 1.2 N 1.3 S 1.4 Cr 2.1 Tr 2.2 N 2.3 S 2.4 Cr 3.1 Tr 3.2 N 3.3 S 4.4 Cr 4.1 Tr 4.2 N 4.3 S 4.4 Cr 5.1 Tr 5.2 N 5.3 S	TILE AME TAKET / TY-ST TILE TAKET / TY-ST TILE TAKET / TY-ST TILE TAKET / TY-ST	ADDRESS 1- ZIP ADDRESS T- ZIP ADDRESS T- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	guired when reinstating)		DATE	DIRECTOR Change Change Change	Addition Addition Addition
SIGNATUFIE 12. TITLE NAME STREET ADDRESS GITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	Applicable. (N ORS DELETE DELETE DELETE DELETE	13. 1.1 Tr 1.2 N. 1.3 S 1.4 Cl 2.1 Tr 2.2 N. 2.3 S 2.4 C 3.1 Tr 3.2 N. 3.3 S 4.4 C 4.1 Tr 4.2 N. 4.3 S 4.4 C 5.1 Tr 5.2 N. 5.3 S	TILE AME TALE AME TALE AME TALE AME TALE AME TALE AME TALE TALE TALE TALE TALE TALE TALE TAL	ADDRESS 1- ZIP ADDRESS T- ZIP ADDRESS T- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	guired when reinstating)		DATE	DIRECTOR Change Change Change Change	Addition Addition Addition
SIGNATURE	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	Applicable. (N ORS DELETE DELETE DELETE DELETE	13. 1.1 Tr 1.2 N 1.3 S 1.4 Cl 2.1 Tl 2.2 N 2.3 S 2.4 C 3.1 Tl 3.2 N 3.3 S 4.4 Cl 5.1 Tl 5.2 N 6.3 S 5.4 C 6.1 Tl 6.2 N	TILE AME TY-ST TILE AME THEET / TY-ST TILE AME THEET / TY-ST TILE AME TY-ST TILE AME TY-ST TILE AME TY-ST TILE AME	ADDRESS 1- ZIP ADDRESS T- ZIP ADDRESS T- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP	guired when reinstating)		DATE	DIRECTOR Change Change Change Change	Addition Addition Addition
SIGNATUFIE 12. TITLE NAME STREET ADDRESS GITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PCST BAKER, J 10100 INT ORLANDO D BAKER, J 10100 INT	OFFICERS AN OFFICERS AN IOSEPH TERNATIONAL DR. OFL 32821 IOSEPH TERNATIONAL DR.	ent and title if a	Applicable. (N ORS DELETE DELETE DELETE DELETE	13. 1.1 Tr 1.2 N. 1.3 S 1.4 Cl 2.1 Tl 2.2 N. 2.3 S 2.4 Cl 3.1 Tl 3.2 N. 3.3 S 3.4 Cl 4.1 Tl 4.2 N. 4.3 S 4.4 Cl 5.1 Tl 5.2 N. 6.3 S 6.4 Cl 6.1 Tl 6.2 N. 6.3 S	TILE AME TY-ST TILE AME THEET / TY-ST TILE AME THEET / TY-ST TILE AME TY-ST TILE AME TY-ST TILE AME TY-ST TILE AME	ADDRESS 1- ZIP ADDRESS T- ZIP	guired when reinstating)		DATE	DIRECTOR Change Change Change Change	Addition Addition Addition

FILED May 08 1997 8:00am Secretary of State