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

FILED Apr 10 1997 8:00am Secretary of State

1997 DOCUMENT # F9500002156

		# 1950(O INVEST COR		56 (6)								
Principal Place of Business Mailing Address							·	- 1981/184 1996 1996 1997 1997 1) qa ab qa bb i		1	
1900 SUMMIT	TOWER BLVD	1900 SL	1900 SUMMIT TOWER BLYD STE 860 ORLANDO FL 32810-5925 US									
STE B60							1					
ORLANDO FLIS I US	32810						0.00	T 22 Day	L			
US			US					3. Date Incorporated or Qualified 05/03/1995		e of Last Re 6/1996	eport	
2. Principal P	lace of Busin	iess	2a. Mai	2a. Mailing Address				4. FEI Number	שורט		plied For	
21			26					59-3312559		J	ot Applicable	
Suite Apt.	#, etc.			Suite, Apt #, etc.						\$8.75		
22		27					5. Certificate of Status Desired		Fee Re	quired		
City & State	0	— — `	City & State				6. Election Campaign Financing	_	\$5.00			
23		Country	28					Trust Fund Contribution				
Zip III	- k		7 ip	· +		itry		8. This corporation has liability for intangible tax under s. 199. Florida Statutes Yes No		199.032,		
24	9, Name and Address of Current							Florida Statutes Yes No 10. Name and Address of New Registered Agent				
SCH		, ESTHER-MARIA				81 N	lame					
		TOWER BLVD.				DO 6	\	Address (D.O. Day Marsh as is May Assessable)				
ORLANDO FL 32810						82 Street Addr		ess (P.O. Box Number is Not Acceptable)				
					83							
					};	84 (City	· · · · · · · · · · · · · · · · · · ·		85 Zip (Code	
						`L			<u>FL</u>			
11. Pursuant office or r agent. La	to the provis registered ag im familiar wi	ions of Sections 607 gent, or both, in the S ith, and accept the c	.0502 and 607.19 State of Florida. Subligations of, Sec	508, Florida Statu luch change was ction 607,0505, F	ites, the ab authorized lorida Statu	ove-na by thutes.	amed corpo ie corporati	oration submits this statement for the constitution of directors. I hereby acceptions	ourpose of our or our ou	changing it intment as	s registered registered	
SIGNATURE	Situation types	corprinted name of registers	of agert and title if appli	Icable. (NC	TE: Registered	Agent s	lignature require	d when (einstating)	DATE			
12.			AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12	
TITLE	PSTD			☐ DELETE	1.1 107	LE				Change	Addition	
NAME		BURG, ESTHER-A			1.2 NA	ME	1					
STREET ADDRESS		mmit tower bl.\	ND.		13 STF	REET ADI	DRESS					
City-S1-ZIP	ORLAND	UFL		D or tre		Y-ST-Z	<u> </u>			Change	Addition	
101.0	, -	I, ROBERT		☐ DELETE	2.1 TIT				,	Change	L_1 Addition	
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STHEET AUDRESS	WESTON					REET ADI	· · · · }					
CITY-ST-7IP TITLE				DELETE	3.1 717	IY-ST-; LE	cir.	<u></u>		Change	Addition	
NAME	,			_	3.2 NA		[
SPREEL ADORESS	·				3.3 \$16	REET ADI	DRESS					
CHTY - \$1 - ZV2					3.4. CI	TY-\$T-2	ZIP					
TITLE	,			DELETE	4.1 111	LE	7			Change	Addition	
NAME	}				4.2 NA	ME	J					
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CITY: ST ZIP	ļ			DELETE		Y-\$1-Z	IIP			[] (h	a uptra	
TITLE	1			☐ DELETE	5.1 117					Change	Addition	
NAM !	1				52 NA		, I					
STREET ADDRESS	}				1	REE'I AD	l l					
OUY-SI-ZIF TITLE				DELETE	6.1 TIT	Y-\$1-Z	ır			Change	Addition	
NAME	(tout June 10	62 NA		Ì					
SIBLET ADDRESS						reet ad	DRESS					
City-St 7iP	}					Y-ST-2						
- 1,	by certify tha	al the information sur	oplied with this fil	ng does not qua				in Section 119.07(3)(i), Florida Statute	s. 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 amplied 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 of firector of the co-poration or the occurrence 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 or chapter 607 and that my name appears in Block 12 or Block 13 or chapter 607.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF CONTING OFFICER OF DIRE

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