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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE: 3



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporation MIGHTY Prencipal Place 4570 SUMMER ORLANDO FL	Mailing Address 4570 SUMMERGROVE AV ORLANDO FL 32812-7721							
					3. Date Incorporated or Qualified 05/22/1995		e of Last Re 6/1996	eport :
*************	lace of Business	2a. Mailing Address	······································	· · · · · · · · · · · · · · · · · · ·	4. FEI Number			plied For
Suite, Apt #, etc.		26	······		10 10 10 10 10 10 10 10 10 10 10 10 10 1			t Applicable
Suite, Apt	#, Qtc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Stati	e	City & State			6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added to	
Z1p	Country	Zıp	Country		8. This corporation has liability for			199.032,
24	25 25 Name and Address of Curr	29	30]		Florida Statutes 10. Name and Address of New R	Yes _		
		ent Registered Agent	81	Name .	TU, Name and Address of New H	adiatelet V	Beur	
CROOKS, BELVA 4570 SUMMERGROVE AVE.								
ORLANDO FL 32812				Street Add	Iress (P.O. Box Number is Not Accepta	ible)		
			83			***************************************		
			84	City			85 Zip (nde.
			1	1		FL	1 .	
SIGNATURE	Signature Typed or periled name of registered in		OTE Registered Ag		poration submits this statement for the tition's beard of directors. I hereby accurate when reinstating) ADDITIONS/CHANGES TO OFF	DATE	Z	
12.	PSD OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	CROOKS, BELVA		1.2 NAME			•		
STREET ADDRESS	4570 SUMMERGROVE AVE.			ADDRESS				
CITY- ST. ZIP	ORLANDO FL		1.4 CITY-5	51 - ZIP				
ME		☐ DELETE	2.1 TITLE			(Change	Addition
NAME			2.2 NAME]				
STREET ADDRESS			2 3 STREET					
CHY-SI-7IP		DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP		·	Change	Addition
NAME		C. J DECETE	3.7 MILE 3.2 NAME	,			Change	L Addition
STREET ADDRESS			•	ADDRESS				
CITY SI-72			3.4. CITY-	- 1				
HILE		DELETE	4.1 TITLE		- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	1	Change	Addition
NAME:			4. 2 NAME					
STHEE: ACORESS			4.3 STREE	ADDRESS				
CILY ST-ZIF		F 5-,	4.4 CITY-	ST - ZIP			A	1 1 2 3 5 5
TILE		☐ DELETE	5.1 TITLE	}		1	Change	☐ Addition
NAME Cabia a Appoince			5.2 NAME	ADDDECO				
STREET ADDRESS CITY-ST-ZIP	}			ADDRESS				
THE		DELETE	5.4 CITY - : 6.1 TITLE	31-5H.			Change	Addition
NAME			6.2 NAME	ł		•		
STREET ADDRESS			1	ADDAESS :				
	ſ		1					

14. To 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 attackment with an address.

FILED

Apr 09 1997 8:00am

Secretary of State