## 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 Jan 31 1997 8:00am Secretary of State

1997

DOCUMENT # F9600003291 (9)

Principal Place of Business Mailing Address P.O. BOX 690686 P.O. BOX 690696 ORLANDO FL 32969-0688 ORLANDO FL 32969-0688				· · · · · · · · · · · · · · · · · · ·		
					3. Date Incorporated or Qualified 06/27/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		<del> </del>	4. FEI Number 22-2050284	Applied For Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip	Cour	ntry	8. This corporation has liability for	
	9. Name and Address of Curre		1001		10. Name and Address of New Re	<del></del>
RELI	LINA, CHARLES F			81 Name		
3096	GG BEECHER DRIVE EAST M HARBOR FL 34683			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
FALI	M INNOCH I E STOOS			83		
				84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or priviled name of registered ag	CON) edds o'r applicable (NOT	E: Registered	by the corpora lites.  Agent signature requ	poration submits this statement for the partion's board of directors. I hereby accepted when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE
12.		ND DIRECTORS  DELETE	13.	1.F	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	PCD HORAN, BRIAN		1.1 111			Claride C Vocacion
NAME	348 MAPLE AVENUE		1.2 NA			. •
STREET ADDRESS CITY-ST-ZIP	LYNDHURST NJ			REET ADDRESS		
TITLE	SD	DELETE	2.1 TIT	Y-ST-ZiP		Change Addition
NAME	HORAN, MARIE		2.2 NA			and or make a second
STREET ADORESS	249 FOREST AVENUE			REET ADDRESS		
CITY-ST-ZIP	LYNDHURST NJ			TY-ST-ZIP		
TIFLE	<b>TD</b>	DELETE	31 TIT		·	Change Addition
NAME	BERWICK, ELVIRA		32 NA	ME		
STREET ADDRESS	127 PAGE AVENUE		33 ST	REET ADDRESS		
CITY-S1-ZiP	LYNDHURST NJ		3.4. C	TY-ST-ZIP		
TITLE		☐ DELETE	A.3 Til			Change Addition
NAME			4.2 N	AME		
STREET ADDRESS			4.3 ST	REET ADORESS		
C(TY - S1 - 7(P			4.4 CI	IY-ST-ZIP		
THILE		DELETE	5.1 TIT	'LE		☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS .		
CITY - S1 - 7(P			5.4 CI	IY-ST-ZIP		
TITLE	-/	DELETE	6.1 TIT	LE		Change Addition
NAME			6.2 NA	ME		

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 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 ham an officer or director of the corporation or the receiver of true 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 attrachment with an address.

6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

NTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Horan, pres.

11-20-97 201-438-209