FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

G07762

(9)

FILED May 01 1996 8:00 am Secretary of State

INTERLACHEN SERVICING COMPANY					
Principal Place		Mailing Address P.O. BOX 1916		T IOUTHE AND ENGL HOUSE	O BIINE 1161 BIBIL BIBIN DIGH BIBN BIBN 8 1811 1 1811 (19 41
225 SWOOPE AVENUE P.O. BOX 1916 110 SUITE 109 MAITLAND FL 32751 WINTER PARK FL			790		
US		US		3. Date Incorporated or Qualified 11/09/1982	d 3a. Date of Last Report 04/20/1995
2. Principal Pla	ace of Business	2a. Máiling Address 26		4. FEI Number 59-2333982	Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30		or intangible tax under s 199.032, es □ No
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New	Registered Agent
			81 Name		
BODE, C. BAXTER			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
225 SWOOPE AVENUE					
110			83		,
MAITL	NND FL 32751		84 City		FL 85 Zip Code
PICNATURE	of the provisions of Sections 607.05 diagent, or both, in the State of Fin, and accept the obligations of S	ection 607.0505, Florida Statutes.		oration submits this statement for the pard of directors. Thereby accept the ap	
12.		AND DIRLOTÓRS	 Neg dered Age d Signature require 13. 		DATE
TIFLE	PSTD	DELETE	1 1 TITLE	ADDITIONS/CHANGES TO O	Change Add
NAME	BODE, C. BAXTER		1.2 NAME		Unlarige Add
STREET ADDRESS	225 SWOOPE AVENUE, SUITE 110		1.3 STREET ADDRESS		!
CITY-ST-ZIP	MAITLAND FL		1.4 CITY ST ZIP		
TITLE	DEDVICH ED—14119HE	K DELETE	2 1 THILE		Change [][] Addition
NAME	DETWEILER, LAURIE	٥	2.2 NAME		
1	STREET ADDRESS 1500 LEE-RD.; SUITE 109 ORLANDO FL		2.3 STHEFT ADDRESS		·
CITY - ST - ZIP TITLE	OND INDOTE.	DELETE	24 CITY - S! - ZiP		
NAME		[] strut	3 1 7-71.5		☐ Change ☐ Addition
STREFT ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELFIE	3.4 C(TY - ST - Z)P 4.1 T(1) E		Change Addition
NAME			4 2 NAME		☐ Clarige ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 C(TY - ST - Z(P		
TITLE		DELETE	5 131TLÉ		Change [] Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CiTY-S1-ZiP			5.4 CITY - ST - ZIP		
TITLE	· MA	DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		المحتدد المحتد
SIREE1 ADDRESS			63 STREET ADDRESS		
0.7. 07.7.0			3 3 3 2 Philipsing st. :		

CITy-S1-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 or an attractment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.76

407 557.1600