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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

D	00	CU	Μ	ΕI	TV	#

1. Corporation Name

SIGNATURE:

G08207

(4)

ELODIDA OTATE DISTRIBUTE

Principal Pla	UNIDA STATE DISTHIBUTOR Ice of Business W. 34TH STREET, STE 102 OO FL 32811	Mailing Address 4601 S.W. 34TH S ORLANDO FL 328			
2. Principal	Place of Business			3. Date Incorporated or Qualified 11/15/1982	3a. Date of Last Report 06/01/1995
[1]	The of Editinoss	2a. Mailing Address		4. FEI Number	Applied For
Suite, Ap	it. #, etc.	Suite, Apt. #, etc.		59-2235705	Not Applicat
Oity & Sta	ate	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
<u> </u>		City & State		6. Election Campaign Financing	\$5.00 ways
Ζφ 1	Country	Zip	Country	Trust Fund Contribution	Added to Face
l	25 9. Name and Address of Currer	29	30	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s. 199.032,
	J. Hame and Address of Currer	nt Hegistered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
ORLA	LOST COVE DRIVE ANDO FL 32819 to the provisions of Sections 607,0502	and 607, 1508, Florida Statu	83 84 City	Iress (P.O. Box Number is Not Acceptable ration submits this statement for the purp rd of directors. I hereby accept the appoint	85 Zip Code
familiar w	Signature Guest or ported name of registered agest	and title if applicable (N	Zed by the corporation's boals. OIt: Registered Agent signature require	2 33 (2 3 3 4 4 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ose of changing its registered offi ntment as registered agent. I am
,F	P OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
JE EET ADDRESS Y-ST-ZIP	NEAF, ARTHUR O. 8739 LOST COVE DRIVE ORLANDO FL	- Mittie	1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP		☐ Change ☐ Addition
F 'E EH FADDRESS '-ST-ZIP	VS NEAF, MARY L. 8739 LOST COVE DRIVE ORLANDO FL	DELETE	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS		☐ Change ☐ Addition
		DELETE	24 CITY - ST - ZIP 3 1 TITLE		
L'ADDRESS S1-ZIP			3 2 NAME 3 3 STREET ADDRESS		Change Addition
		DELETE	3 4 CITY - ST - ZIP 4. 1 TITLE		
LANGUERO			42 NAME		Change Addition
LADDRESS ST-Zip			4.3 STREET ADDRESS		
-: · ''- ·- ·		DELETE	4.4 CITY - ST - ZIP		
		רו מברבוב	5 1 TIPLE		☐ Change ☐ Addition
LADOPESS			5 2 NAME 5 3 STREET ADDRESS		
S) ZIP			5 4 City-St-Zip		
		☐ DELETE	6 1 TITLE		Change Addition
ADDRESS			6 2 NAME		☐ Change ☐ Addition
r zie			6 3 STREET ADDRESS		
do hereby	certify that the information supplied with the information indicated on this annual am an officer or director of the corporat Block 12 or Block 13 if changed, or on	h this filing is voluntarily furnis report or supplemental annu- tion or the receiver or trusteo an attachment with an addre	6 4 CITY - ST-ZIP shed and does not qualify for all report is true and accurate empowered to execute this iss.	the exemption stated in Section 119.07(and that my signature shall have the sam report as required by Chapter 607, Florida	B)(k), Florida Statutes. I further ne legal effect as if made under a Statutes; and that my name
3NATU	JRE: (lil	NINTED NAME OF RIGHING OFFICER		1 1	407-841-8344 Deylime Phone a