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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G15066

(5)

FILED
May 09 1997 8:00am
Secretary of State

Principal Plac 13340 W. COL SUITE 250 WINTER GARD	ONIAL DRIVE	Mailing Address 13340 W. COLONIAL DRI SUITE 250 WINTER GARDEN FL 347									
US		US					ncorporated or Qu //1982	alified	•	ite of Last 16/1996	Report
2. Principal P	Place of Business	2a. Mailing Address				4. FEI NO			ודט		Applied For
13330	W. COLUNIALS					59-2	238590				ot Applicable
Suite, Apt. 22 Su 17		Suite, Apt. #, etc. 27 SAME	= A	75	2.	5. Certific	cate of Status Des	red	X		Additional Required
City & Stat 23 WINT	ER GARDEN, FL	City & State				•	n Campaign Final fund Contribution	noing			May Be to Fees
Zφ	Country	Zip		ountry		F	orporation has liab		ntangible Yes [в. 199.032,
24 347	9. Name and Address of Curre	29 ent Registered Agent	30	T-			Statutes and Address of				
MAS	SHBURN, ERIC			81	Name						······································
	E MAPLE ST			82	Street Arl	dress (P.O. Bo	Number is Not A	cceptah	le)		
	iter garden, fl										
327	67			83						100	
				84	City				FL	85 Zir	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	nes, the	above	-named co	orporation subm	no this state mont	ק סווו וטיו	יט ספטקייט		
11. Pursuant office or r agent. La SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Stal in familiar with, and accept the obligations.							by accep		ointment a	is registered
	Signature, hyped or printed name of registered a	geni and title if applicable. (NC		ored Ager		quired when reinstatin			DATE		
SIGNATURE.	Signature, typed or printed rating of registered a OFF ICERS At		TE: Registe	ored Ager		quired when reinstatin	g)		DATE		ORS IN 12
SIGNATURE.	Stg. uton. Isped or printed rains of registered a OFFICERS AT D CANOLE, WILLIAM	geni and title if applicable. (NC ND DIRECTORS	TE: Registe	ered Ager		quired when reinstatin	g)		DATE	DIRECTO	ORS IN 12
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4. 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 suppliemental 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 adjactment with an address.

SIGNATURE:

CHATURDAND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/28/97

(407) 877-0505

0465106