AMOUNT DUE	JTICE: CORPURATION WILL B ON OR BEFORE 9/17/97: \$550 (IF I	E DISSULV DISSOLVED,	MINIMUM AMOUNT	DUE TO RI	ien Eins	17, 1997. TATE: \$750.	D.)	ΛPPr	OVED	•	
	FLORIDA DEPA	DA DEPARTMENT OF STATE				Δ	NU NU	ļ			
CORPORATION			Sandra B. Mortham					AND FILED			
ANNUAL REPORT			Secretary of State DIVISION OF CORPURATIONS				İ				
1997								1997 AUG 19	PH 2	: 14	
DOCUMENT # G93376 (3)								SECRETARY TALLAUARSE	0F S7	አቸር።	
1. Corporation	n Name	, 0	(0)				ĺ	IRLLAMASSE	ETLO	RIDA	
revek/	AL BURGLARY, INC.						[				
Principal Place of Business Mailing Address								R INDIANI <b>data ariny</b> riada anila i		11 <b>818</b> 11 <b>8</b> 1814 <b>8</b> 1816 <b>8</b> 181	
5342 AEOLUS WAY 5342 AEOLUS WAY											
ORLANDO FL 32908 ORLANDO FL 32908						- }	DO NOT V	WRITE IN 7	THIS SPACE		
								3. Date Incorporated or Qua	lified 3	a. Date of Last R	eport
<del></del>								03/27/1984		04/26/1996	
2. Principal Place of Business			2a, Mailing Address				1	4. FEI Number		<b>▶</b> —	oplied For ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					59-2810386		¢0.75	
22			27					5. Certificate of Status Desire	eđ 🗔	Fee Re	
City & State			City & State					<ol> <li>Election Campaign Finance Trust Fund Contribution</li> </ol>	ing 🔲	\$5.00 Added 1	
Zip	<b>Zip</b> Country Zi			Zip Country				8. This corporation owes or h	•		_ ~ 1
24	25 9. Name and Address of Cui	29 zent Regisi	tered Agent	30	Γ.			Personal Property Tax due  Name and Address of No.			] No
ANI	DRADE, JANUARIO				61	Name	<u>_</u>				
ENAC ACCULICIMAN						Street Add	ddress	(P.O. Box Number is Not Acc	centable)		
ORLANDO FL 32808											
, c					83						
¥					84 City					FL 85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 6	07.1508, Florida Statu	iles, the a	pove	e-named co	orpore	tion submits this statement fo	r the purpo	ose of changing it	s registered
office or re agent. I a	egistered agent, or both, in the Si m familiar with, and accept the of	iate of Floric oligations of	ta. Such change was ', Section 607.0505, F	authorize Iorida Sta	d by lutes	the corpora 3.	oration'	s board of directors. I hereby	accept the	appointment as	registered
SIGNATURE										····	
12.	Signature, typed or printed name of registered OFFICERS	AND DIREC		TE Registere	d Age	ent signature requ	quired w	hen reinstating) ADDITIONS/CHANGES TO		ATE S AND DIRECTOR	S IN 12
TITLE	PT	7 (14) Entre C	DELETE			T		ADDITIONO/OHANGEO TO	OTTIOLITO	Change	Addition
NAME	ANDRADE, JANUARIO				AME			20000:			
STREET ADDRESS	5342 AEOLUS WAY			1.3 5	TREET	ADDRESS				011020	
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TITLE NAME	v Andrade, Jeannette		LJ DELETE	2.1 TI 2.2 N						L_1 Change	☐ Addition
STREET ADDRESS	FAIR TERMINAL				2.3 STREET ADDRESS						
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CITY-ST-ZIP TITLE	DELETE			3.4. CITY- S1-ZIP 4.1 TITLE						Change	Addition
NAME	ME			4 2 NAME							
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CITY-ST-ZIP	DC: tre			_	4.4 CITY - ST - ZIP						1100
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TITLE			DELETE	6.1 TI						Change	Addition
NAME				62 N	AME						
STREET ANDRESS			/	1 620	госст	ADDRESS					I

6.4 CITY-S1-ZIP

14. I do hereby certify that the information supplied with this filing do is 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 in 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 attachment with an address.