FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # G95043

(7)

ALLEN, BROWN & BUILDER, P.A.

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rinclpal Place of Business	Mailing Address	s sometra mate spirit auter ander atte biller after atter atter atter
O NORTH ORANGE AVENUE	390 NORTH ORANGE AVENUE	

FILED

Apr 30 1997 8:00am

Secretary of State

ORLANDO FL 92901		ORLANDO FL 32901-1641							
i							Date Incorporated or Qualified 3a. Date of Last Report		
							04/06/1984 05/01/1996		
2. Principal Place of Business			<u> </u>	2a. Mailing Address			4. FEI Number Applied For		
21 369 N. New York Avenue			26 369 N. New Y	26 369 N. New York Avenue			59-2388892 Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional				
22 3rd Floor			27 3rd Floor			Fee Required			
	City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23 Winter Park, FL 28 Winter Pa			28 Winter Park				Trust Fund Contribution Added to Fees		
Zip		Country	Zip	Cou	Country 8. This corporation has liability for intangible tax under s. 199.032,				
24 32789 25				29 32789 30			Florida Statutes		
	9, Name	and Address of Currer	nt Registered Agent			y	10. Name and Address of New Registered Agent		
BUIL	DER, J. L	JR.			81	Name			
		ORK AVENUE			82 Street Address (P.O. Box Number is Not Acceptable)				
	TER PARK					Oncorr	Address (1.6. Box 140/1861 to 140/1666)		
					83				
					L.				
					84	City	FI 85 Zip Code		
11. Pursuant	to the provis	sions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the a	bov.	e-named c	corporation submits this statement for the purpose of changing its registered		
office or r	egistered ag	gent, or both, in the State	of Florida. Such change was ations of, Section 607.0505, F	authorize	d b	y the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
. •	m iaminar w	nin, and accept the oung	ations of, Section 607.0505, r	ionoa sta	tute	S.			
SIGNATURE	Signature types	d or printed name of registered age	ont and tale if annihination (NO	II Honistore	n Ane	ont singulare re	required when reinstaling) DATE		
12.	Constitution of the consti		D DIRECTORS	13.	o rigi	ent aign atare it	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST		DELFTE	1.1.10	ILF	Т	XX Change Addition		
NAME		THOMAS R		1.2 N	AMF		ALLEN, Thomas R.		
STREET ADDRESS		RANGE AVENUE				LADDRESS	105 E. Robinson Street, Suite 201		
CITY-ST-ZIP	ORLAND								
TITLE		<u>O FL</u>	DELETE	2.1 TI		ST-ZIP	Orlando, FL 32801		
	DP	LINDOAU LID	C) btttle				. C. Auguste C. Manus		
NAME		, UNDSAY J JR		2.2 N.			, ·		
STREET ADDRESS		IEW YORK AVENUE				ADDRESS			
CITY-ST-ZIP	WINTER	PARK FL 32789				S1 - ZIP	A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TITLE			DELETE	3.1 Ti			Change Addition		
NAME				3.2 N	AME				
STREET ADDRESS				3.3 \$	1REE1	I ADDRESS			
CITY-ST-ZIP				3.4. 0	CHY-	S1-ZIP			
TITLE			☐ DELETE	4.1 1)	TLE		Change Addition		
NAME				4.21	IAME				
STREET ADDRESS				4.3 S	TREET	ADDRESS			
CITY-ST-ZIP				4.4 C	IIY- 9	ST-7/P			
TITLE			DELFTE	5.1 10			Change Addition		
NAME				5.2 N	AME				
STREET ADDRESS						I ADDRESS			
CITY-ST-ZIP						ST - ZIP			
TITLE	·		DELETE	5.4 U		21 - 7H	Change Addition		
			find perrit				La Oriange La Adultion		
NAME				6.2 N					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				6.4 C	ITY-S	ST- ZIP			

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 I am an officer or director of the Corporation or the receiver or trusted expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 Michanged, or on an attachment with an address.

OIOMATURE.