## 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

Principal Place of Business  8813 OAKWATER CIRCLE ORLANDO FL 32806  (1)  Mailing Address  8813 OAKWATER CIRCLE ORLANDO FL 32806-8284					
ONDINGO FL	32000	OTIENTOO TE SEGOVEN	•	3. Date Incorporated or Qualified	3a. Date of Last Report
				07/01/1984	03/19/1996
2. Principal I	Place of Business	28. Mailing Address		4. FEI Number	Applied For
21	1   26			59-2420823	Not Applicable
22 Suite Apr				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Curren	29 t Registered Agent	30	Florida Statutes  10. Name and Address of New Reg	Yes No
DAI			81 Name		<u> </u>
RAMOS, AGUSTIN 3813 OAKWATER CIRCLE			82 Street	Address (P.O. Box Number is Not Acceptable	a)
ORLANDO FL 32808				Addiess (1.0. Dox Hamber to Het Accoptable	···
			63		
			84 City		FL 85 Zip Code
11 Pursuan	I to the provisions of Sections 607 050	2 and 607 1508 Florida Stati	ites the above-named	corporation submits this statement for the puporation's board of directors. I hereby accept	
agent I SIGNATURE 12,	ant familiar with, and accept the obligation of	en and tite if applicable (NC	Torida Statutes  OTE: Registered Agent signature		DATE
THE	PD	DELETE	1.1 TITLE	ASSISTANCE TO OTTO	Change Addition
NAME	RAMOS, AGUSTIN		1.2 NAME		
STREET ADDRESS	3813 OAKWATER CIRCLE		1.3 STREET ADDRESS		
CITY+SI-7IP	ORLANDO FL	DEL EXE	1.4 CITY - ST - ZIP		
TOLE	ST CARCON THOMAS	DELETE	2.1 TITLE 2.2 NAME		L_ Change L_ Addition
NAME STREET ADDRESS	CARSON, THOMAS 3813 OAKWATER CIRCLE		2.3 STREET ADDRESS		
CITY-S1-ZIP	ORLANDO FL.		2. 4 City-ST-ZIP	}	
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME.			3.2 NAME		
STREET ADDRESS	`		3.3 STREET ADORESS		
City - St - ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME		peccit	4.1 TITLE 4.2 NAME		C Sushing C Monthon
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIF		·	4.4 CITY - ST - ZIP		
1-71.6		DELETE	5.1 TITLE		Change Addition
NAME			52 NAME	)	
STREET ADDRESS	5		5.3 STREET ADDRESS		
CITY-ST Zer		DELETE	5.4 CITY-ST-ZIP		Change Addition
TIRE		[] precit	6.1 TITLE 6.2 NAME		En entitle En vanisati
STREET ADDRESS			6.3 STREET ADDRESS		
CALIFE CAMPAGE 3.1	. 1		S.S. OFFICE I MODIFIEDS	1	

14. If 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 arm 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 attachost if with an address.

SIGNATURE:

name Character LIRED TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 24 1997 8:00am

Secretary of State