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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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| rincipal Plac 500 LEE RD TE 109 RLANDO FL I S | TWEILER COMPANY e of Business 32810-5343 | Mailing Address 1500 LEE RD STE 109 ORLANDO FL 32810-534 US | 3 | | 3. Date Incorporated or Qualified 01/18/1985 | 3a, Da | ate of Last | Report |
|--|--|---|--|--|---|-------------|---------------------------------------|--|
| | Tace of Business | 2a. Mailing Address | | | 4. FEI Number | <u></u> | | Applied For |
| 19 Fun | | | 2 | | 59-2498138 | | | lot Applicable |
| Suite, Apt. | #, etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | × | | Additional Regulred |
| City & Stat | | City & State | | | 6. Election Campaign Financing | | | May Be |
| Stral | oury [1] | 28 | | | Trust Fund Contribution | | | to Fees |
| Žip | Country | Zip | Country | / | 8. This corporation has fiability fo | | | s 199.032, |
| 1757 | | 29 | 30 | | | Yes | | |
| DET | 9. Name and Address of Curr | rent Hegistereo Agent | 81 | Name | 10. Name and Address of New R | egistered | Agent | |
| | WEILER, MARLIN O LEE RD | | 1 | | | | | |
| | 109 | | 85 | Street Ado | dress (P.O. Box Number is Not Accepta | able) | | |
| | ANDO FL 32810 | | B3 | | | · | | |
| | | | | | · | · | | |
| | | | 84 | City | | FL | 85 Zi | Code |
| | m familiar with, and accept the ob | oligations of, Section 607.0505, | Florida Statute | y the corpora s. | rporation submits this statement for the ation's board of directors. I hereby according | epune app | on a none | is leftistelen |
| GNATURE | Signature typed or protect run e of registered OFFICERS A | agent and title if applicable (N | OTE: Registered Ag | | ation's board of directors. I hereby acc ured when reinstaing) ADDITIONS/CHANGES TO OFF | DATE | DIRECTO | DRS IN 12 |
| GNATURE • | Signature Type for product can elot registered OFFICERS A | agent and title if applicable (N | OTE: Registered Ag 13. | | ulrad when reinstaling) | DATE | | ORS IN 12 |
| SNATURE .e ME | Signature typed or protect run e of registered OFFICERS A | agent and title if applicable (N | OYE: Registered Ag 13. 1.1 TITLE 1.2 NAME | | ulrad when reinstaling) | DATE | DIRECTO | ORS IN 12 |
| GNATURE LE ME METADORESS | Signature type for period ran E of registered OFFICERS A DP DETWEILER, MARLIN | agent and title if applicable (N | OYE: Registered Ag 13. 1.1 TITLE 1.2 NAME | ent signature requ | ulrad when reinstaling) | DATE | DIRECTO | ORS IN 12 |
| GNATURE LE ME BEFT ADDRESS Y: ST: ZIP | Signature hyperfor particular and of registered OFFICERS A DP DETWEILER, MARLIN 1500 LEE RD, STE 109 | agent and title if applicable (N | OTE: Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE | ent signature requ | ulrad when reinstaling) | DATE | DIRECTO | DRS IN 12 |
| E EFT ADDRESS (* ST. ZIF | Signature hyperfor particular and of registered OFFICERS A DP DETWEILER, MARLIN 1500 LEE RD, STE 109 | agent and title if applicable (N AND DIRECTORS DELETE | OTE: Peg stered Ag | ent signature requ | ulrad when reinstaling) | DATE | DIRECTO Change | DRS IN 12 |
| SNATURE LE ME LEFT ADDRESS Y: ST-ZIP LE | Signature hyperfor particular and of registered OFFICERS A DP DETWEILER, MARLIN 1500 LEE RD, STE 109 | agent and title if applicable (N AND DIRECTORS DELETE | OTE: Prog stered Ag | ent signature requirement requirement signature requirement signat | ulrad when reinstaling) | DATE | DIRECTO Change | DRS IN 12 |
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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 tam 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 chapted or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

717-687-5122

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