## 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

DOCUI 1. Corporation THE SE	MEN   # <b>H4544</b> Chler Company	11 (3)									
Principal Place of Business Mailing Address							i Eddlait Bfff diadi Bfff Bfbff Bfbdf fia	ATT HERE	A SIBNI BIBII	U1011 1991	
19436 SOUTHRIDGE INDUSTRIAL TAVARES FL 32778 US			13436 SOUTHFIDGE INDUSTRIAL TAVARNES FL 32778-9890 US								
						Ĺ	<ol> <li>Date Incorporated or Qualified 02/28/1985</li> </ol>	1	of Last Re 1/1 <b>996</b>	eport	
·	lace of Business	2a. Mailing Addres	S				4. FEI Number		<del> </del>	plied For	
Suite, Apt. #, etc		26 Cuta Ani # at	Surte, Apl. #, etc.				59-25 19433			Not Applicable \$6.75 Additional	
22		·	27			5. Certificate of Status Desired			Fee Required		
City & State		City & State	· · · · · · · · · · · · · · · · · · ·			<del></del>	6. Election Campaign Financing	·····	\$5.00	<del></del>	
23		28					Trust Fund Contribution		Added t		
Zip 24	Country	Zip	30	ountry			8. This corporation has liability for Florida Statutes	intangible ta		. 199.032,	
I	9. Name and Address of Cur-					1	0. Name and Address of New Re				
SEC	HLER, KIM			81	Name						
134	36 SOUTHRIDGE INDUSTRIAL ARES FL 32778	DR		82	Street A	ddress	(P.O. Box Number is Not Acceptab	ole)		- <del></del> , <u></u>	
107	ANEO I E GETTO			83			······································				
				84	City		**************************************	FL	<b>85</b> Zip (	Code	
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Strong familiar with, and accept the ob-	0502 and 607,1508, Florida ate of Florida, Such change Aligations of, Section 607,05	Statutes, the was authoriz	above ed by	named c	corpora oration	tion submits this statement for the p s board of directors. I hereby accep	ourpose of clot the appoin	nanging it ntment as	s registered registered	
SIGNATURE											
12.	Signature, type that printed name of registered OFFICERS:	AND DIRECTORS	(NOTE: Hegista		ni signature re	required w	then reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND D	IRECTOR	S IN 12	
TILLE	PSD	DELE		TITLE	<u> </u>		7,00,010,010,000		Change	Addition	
NAME	SECHLER, KIM		1.2	NAME							
STREET ADDRESS	13438 SOUTHRIDGE INDUS	TRIAL	1.3	STREET	ADDRESS						
CITY ST-7IP	TAVARES FL		1.4	CITY-S	T-ZIP					·	
TITLE		☐ DELE	TE 2.1	TITLE					] Change	Addition	
NAME:			2.2	NAME							
STREET ADDRESS			2.3	STREET	ADDRESS						
CITY ST-ZIP		T prin		CITY-	ST - ZiP				700000	11448	
TITLE		DELE	I -	TITLE	)			L.	Change	Addition	
NAME.				NAME	1000000						
STHEET ACORESS			•		ADDRESS						
TITLE		DELE		. CITY - ! TITLE	51-211			·	Change	Addition	
NAMÉ		<u> </u>		2 NAME	ļ.				g-		
STHEET ADDRESS					ADDRESS						
CITY-ST-ZIP				CITY-S	ŀ						
TITLE		DELE		TITLE					Change	Addition	
NAME			5.2	NAME							
STREET ADDRESS			5.3	STREET	ADDRESS						
CITY - ST - ZIP				CITY-S	T-ZIP				********		
TOLE		DELE	TE 6.1	TITLE	Ţ				Change	Addition Addition	
NAMÉ				NAME	1						
STREET ADDRESS			6.3	STREET	ADDRESS						

6.4 CITY-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 of 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 on the receiver of trustee employeed 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 any tachnien with an activess.

**SIGNATURE:** 

SIGNATURE AND TYPED OR ABOVE

352-343-3100

**FILED** 

Apr 18 1997 8:00am

Secretary of State