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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H48938

(5)

Principal Place 1201 LOUSIAN WINTER PARK	IA AVENUE	Mailing Address  1201 LOUISIANA AVENUE WINTER PARK FL 32789-23 US	40				
					<ol> <li>Date Incorporated or Qualified</li> <li>03/22/1985</li> </ol>	3a. Date of Last Report 02/06/1998	
	lace of Business	2a. Mailing Address		•	4. FEI Number	Applied	For
21 Cuite Act	H ato	26 Fulls Ant # etc			59-2606152	Not App	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
City & State	<del>)</del>	City & State			6. Election Campaign Financing	\$5.00 May I	Be
23		28	Cavala		Trust Fund Contribution	Added to Fee	
Zip <b>24</b> ]	Country 25	Zip 29	Country 30	<i>(</i>	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.0 Yes No	032,
<b>4</b> -4]	9. Name and Address of Current	1	50		10. Name and Address of New Rec		
TRE	SSLER, DANIEL PATRICK		81	Name			
	ORANGE KNOLL DR.		82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
ORL	ANDO FL 32812		83			· 	
			0.3				
2			84	City		FL 85 Zip Code	
11. Pursuant i	to the provisions of Sections 607.0502	and 607 1608, Florida Statute	s, the above	e-named corp	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing its regist	istered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	rida Statute:	s.	norra board or offectors. Thereby accep	2 /// /c	lered
SIGNATURE	Signatus, type // printed name of educated agen	and tille 4 applicable (NOTE	Pagetorea Agr	ant construct or our	red when reinstating)	2/14/9/	
12.	OFFICERS AND	· · · — · · · · · · · · · · · · · · · ·	13.	ent signatore regin	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN	12
TITLE	PD	☐ DELETE	1.1 TITLE	- "		Change /	Addition
NAME	TRESSLER, DANIEL PATRICK		1.2 NAME				
STREET ADDRESS	6634 ORANGE KNOLL DR		1.3 STREET	ADDRESS			
C-TY-ST-ZIP	ORLANDO FL		1.4 CITY - S	ST - ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change A	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	Ī	•		
C TY - ST - ZIP		☐ DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE			Change A	Addition
NAME			3.2 NAME				noullion :
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY - 1				
TITLE		DELETE	4.1 TITLE			☐ Change ☐ A	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CHTY-ST-ZIP			4.4 CITY - S	ST - ZIP			
TITLE	-	DELETE	5 1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change A	Addition
NAME			52 NAME				
STREET ADDRESS			5 3 STREET	ADDRESS	•		
CITY-S1-ZIP			5.4 CITY - S	ST-ZIP			
TITLE		☐ DÉLETE	6 1 TITLE			Change #	Addition
NAME			62 NAME				
STREET ADDRESS		,	6.3 STREET				
14. Ldo heret	ov certify that the information supplied	with this filipp does not available	64 CITY-S	T-ZIP	d in Section 119 07(2Vi) Florido Statutos	Litethan control that the	
information I am an of appears in	n indicated on this annual report or su ficer or director of the corporation or t a Block 12 or Block 13 if Lihanged, on	pplemental annual report is true ne receiver or trustee empowe on an attachment with an addr	ue and accu ered to executed series.	urate and that cute this repor	d in Section 119 07(3)(i), Florida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida St	effect as if made under oa atutes; and that my name	ath; that