## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997					FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Socretary of State  DIVISION OF COHPORATIONS						Aug 05 1997 8:00am Secretary of State					
[ ]:		MENT Name JMMEL C	# <b>H</b> 6	8140 T, INC.		(3)					EJARNANI ANKA ANKA IRION (KAN ANAN IZ		i)) Albii Bibii Bib	(1 <b>3</b> 18)) (3 8)		
P	Principal Place of Business Mailing Address															
3455 ORLANDO DR. SANFORD FL 32773-5807					3455 ORLANDO DR. SANFORD FL 32773-5607						DO NOT WRITE	IN THIS	SPACE			
										f	3. Date Incorporated or Qualified	3a. [	Date of Last R	eport	7	
9	2. Principal Place of Business				2a. Mailing Address						07/25/1985 4. FEI Number	0	3/06/ <sub>,</sub> 1996	plied For	-	
21	тикораст		1000		26	g / Kioi 033	٥				59-2565502		}	ot Applicable	<u>,</u>	
22	Suite, Apt.	#, etc.				Apt. #, etc.					5. Certificate of Status Desired	X	\$8.75 / Fee Re	Additional	7	
Г	City & State	e e			27 City &	State	<del></del>		<del></del>	$\dashv$	6. Election Campaign Financing		\$5.00	<del></del> -	1	
23	Zip		Country		<b>28</b> Zip		T	untry			Trust Fund Contribution		Added		4	
24	Zip		25 Country		29		30	antry			<ol><li>This corporation owes or has pa Personal Property Tax due June</li></ol>			angible No		
				s of Current I	Registered A	Agent		81	Aloros		10. Name and Address of New Re	gistereg	Agent		7	
		MMEL, KEN 55 ORLAND							Name			****			_	
		NFORD FL						82	Street Ad	ldress	s (P.O. Box Number is Not Acceptat	ole)			}	
			•=					83							1	
						\$		84	City				<b>85</b> Zip (	Code	1	
11	. Pursuant i	to the provis	ions of Section	ns 607.0502 i	and 607.150	8. Florida Statut	es, the a	boye	named co	ornora	ation submits this statement for the	FI		s registered	-	
l ''	office or re	egistered ag	ent, or both,	in the State of	Florida Suc	th change was a on 607.0505, Fli	authorize	d by	the corpor	ration	's board of directors. I hereby acce	of the ap	pointment as	registered	1	
SI	GNATURE															
12		Signature, typed		fingistored agont of		hlo (NOI	f Registere	d Age	nt signature req	quired v	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AN	ID DIRECTOR	S IN 12	4	
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	Y-\$1- <b>Z</b> IP <b>I. 1 do</b> heret	by certify that	t the informal	ion supplied v	with this filing	does not doeli	fu forthe	exe	motion ctate	ted in	Section 110 07(2Vi) Florida Statute	1	or certify that	the	4	
	informatio I am an of appears in	n indicated fficer or dire n Block 12 o	on this annua ctor of the co or Block	I report or sur reporation or the changed, or o	oplemental ai ne receiver oi n an attachn	nnual report is t r trustec empov noot with an add	tue and vered to dress.	exec exec	rate and the ute this rep	nat my port a	y signature shall have the same logs s required by Chapter 607, Florida S	d enc. (a Statutes;	as if made unitand that my r	der oath; tha name	1	