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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H82956

LANDWIRTH AND ASSOCIATES, INC.

(4)

Mailing Address

FILED Jan 24 1997 8:00am Secretary of State



5401 KIRKMAN ROAD SUITE 300 ORLANDO FL 32819		5401 KIRKMAN ROAD SUITE 300 ORLANDO FL 32819-7937	SUITE 300		3. Date Incorporated or Qualified	I .	te of Last Ri	eport	
						10/28/1985	<u> </u>)1/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			plied For
21		26				59-2650343			t Applicable
Suite Apt. :	# etc.	Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State	,	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	· · · · · · · · · · · · · · · · · · ·
Zip 24	Country 25	Z _I p.) 			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Re	gistered /	Agent	
Landwirth, Henri					Name				
5401 KIRKMAN RD.			1	82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)	· · · · · · · · · · · · · · · · · · ·	
	E 300 ANDO FL 32819		1	83					
l			Ī	84	City		FL	85 Zip (Code
office or n	egistered agent, or both, in the	7.0502 and 607.1508, Florida Statut State of Florida. Such change was obligations of, Section 607.0505, Fl	authorized	by	the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of of the app	changing it ointment as	s registered registered
	Signature, type for printed name of registered age it and title diapplicable. (NOTE Angiste			Ager	nt signature requi	red when reinstaling)	DATE		
12.		S AND DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD	L DELETE	1.1 Till					Change	Addition
NAME.	Landwirth, Henri			1.2 NAME					
STREET ADDRESS	4 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			REET	ADDRESS				
CITY-ST-ZIP					T-ZIP			F I Observe	T 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE	1 410			2.1 TITLE				Change	Addition
NAME	LANDWIRTH, PAM			ME			٠		
STREET ADDRESS	5401 KIRKMAN RD., STE.	2.3 STF	REET.	ADDRESS					
CHTY - ST - ZIF					ST - ZIP				1.400
TITLE	STD DELETE 3			LE				Change	Addition
NAME	Datomini, wat			ME					
STREET ADDRESS	OTO : (IN A UNE AT TID.) OTE. COO			REET	ADDRESS				
CiTY-ST-ZiP					ST-ZIP			Chass	Add at a
TIPLE	☐ DELETE 4.							Change	Addition
NAME			4. 2 NA	ME					
STREET AUDRESS			4.3 STF	REET	ADDRESS				
CITY-SI-ZIP			4 4 CIT		T-ZIP				
TITLE							Change	Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STI	REET	ADDRESS				
CITY-S1-712			5.4 CIT	Y - S	T-ZIP				
THLE	DELETE			LE				Change	Addition
NAME			6.2 NA	ME	}				
STREET ADDRESS			6.3 \$16	REET	ADDRESS				
CITY - \$1 - ZIP			6.4 CIT	Y-5	T-ZIP				

14. I do noreby 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 am 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 changing or on an attachment with an address.

SIGNATURE: