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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1997		Sandra B. Morth Secretary of State DIVISION OF CORPORA			Secretary o		f State	
-	DMENT # H	86143 TION SOFTWARE,	(5)						
OHITE	101£ 0011011100	TION OOI (WALL)				170007 200 1000 200 100 100 200			
Principal Pla	are of Business	Mail	ing Address			1 1007011 0101 10110 01101 0110 21000 11	HOLD CHANGE AND STANK		
318 LIVE OAK CASSELBERRY US			P.O. BOX 180367 Casselberry FL 32718-0367 US						
				3. Date Incorporated or Qualified 11/19/1985 4. FEI Number S9-2599945 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code es, the above-named corporation submits this statement for the purpose of changing its registered authorized by the corporation's board of directors. I hereby accept the appointment as registered authorized by the corporation's board of directors. I hereby accept the appointment as registered					
2. Principal	Plane of Business	2a. I	Mailing Address				אנו /וע/פט		
21		26				59-2599945			
Suite, Api	t #, etc.	27	Suite, Apt. #, etc						
City & Str 23	ate	28	City & State						
Ζφ 24]	Co.m		Zip		ntry	` ` · · · · · · · · · · · · · · · · · ·		ier s. 199.032,	
F114		ress of Current Registe	red Agent				gistered Agent		
	ik, gregory p			{	81 Name				
	B LIVE OAKS BLVD.		82 5			iress (P.O. Box Number is Not Accepta	ole)		
CA	SSELBERRY FL 3270	J 7		<u>-</u>	83				
)_	0.0			7. 6. 1	
B4 City					FL \ '				
11. Pursuan office or agent 1	it to the provisions of So registered agent, or bo arn familiar with, and ad	ections 607.0502 and 607 oth, in the State of Florida ecept the obligations of,	7.1508, Florida Statu - Such change was Section 607.0505, F	ites, the ab authorized forida Statu	ove-named cor by the corpora ites.	poration submits this statement for the patients beard of directors. I hereby acce	ourpose of changi pt the appointmen	ng its registered it as registered	
SIGNATURE	in potential te pensilio	e o intregulacionas je i transpalicija	apple aldo (NO	ITE: Hagistered	Agent signature requ	uired when reinstating)	DATE	<u></u>	
12.	1-	OFFICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFI			
MAME	GLINE, BRIAN D		[_] DELETE	1.1 101 1,2 NAI	1		Chai	nge 🔲 Addition	
STREET ADDRESS		CIRCLE		1	REET ADDRESS				
OTY-St 76	WINTER SPRINGS				Y-ST-ZIP				
THE	PSD		DELETE	2.1 1111	LF		Cha	nge 🔲 Addition	
MeMi	KIRK, GREGORY			2.2 NA	ME				
SDEET ADORESS		ACE			REET ADDRESS				
(0)Y \$1-7 = 1:1.F	LONGWOOD FL VD		DELF16	2 4 CF	TY - ST - ZIP	***************************************	Cna	nge Addition	
NAME	PILGRIM, DONALI	n		3 2 NA	,			The Control	
STREET ADDRESS	l				REET ADDRESS				
CITY-ST ZIE	WINTER GARDEN			3 4. CIT	[Y-S1-7 P				
114			DELETE	4.1 [1]	ιŧ		☐ Cha	nge 🔲 Addition	
NAME				4 2 NA	i i				
Girgo L'ADORESS	·				IEFT ADDRESS				
Orr\$1-76 _Orr_\$1-76			DELETE	5.1 JiTi	Y-ST-ZIP LE		Cha	nge Addition	
NAME				5.2 NAI			Olia	g- bad recorder	
\$1861 MORESS	1				REET ADDRESS				
CHY SI to				5.4 CIT	Y - \$1 - ZIP				
Title	1								
			DELÉTE	61 TIT			L] Cha	nge 🔲 Addition	
MaV.			[]] DELETE	6 2 NAI	ME.		L_∫ Cha	nge L. Addition	
NAM STREET ADDRESS OUT ST. 70			[]] DELETE	6.3 STF			∟j Cha	nge LJ Addition	

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 and cated on this annual report or suppliemental 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 Brack 13 or Block 13 if changed, or on an atlantment with an address.

SIGNATURE:

FILED

Mar 20 1997 8:00am