FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J06584

(3)

	ipal Place c	KA, GROWER, & KETCHA of Business ORANGE AVE	M, P.A. Mailing Address 111 NORTH									
S	UITE 1700 PRLANDO FI		SUITE 1700				Date Incorporated or Qualified	3a Dat	e of Last	Recort		
							03/31/1986		04/13/			
2. Pr 21	rincipal Plac	e of Business	2a. Mailing Addre	2a. Mailing Address 6			E0_00E0040			Applied For Not Applicable	-	
Sı 22	uite, Apt. #,	etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
Ci 23	ity & State		City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	р	Country Zip 25 29			Country 8. This corporation has liability for intangible ta						_	
		9. Name and Address of Curren		[30]	Τ		10. Name and Address of New F		Agent		\dashv	
					81	Name						
Mason, H. Grower III 111 North Orange Ave., Suite 1700						Street Add	ress (P.O. Box Number is Not Acceptable)					
	00		83						_			
	OHLAN	OO FL 32801										
					84	City		FL	85	Zip Code		
C	or registered	the provisions of Sections 607.0502 d agent, or both, in the State of Floric, and accept the obligations of, Sect	da. Such change was :	authorized by the d	ove-r	named corpo oration's boa	ration submits this statement for the pul ard of directors. I hereby accept the app	rpose of cha ointment as	anging its register	s registered office ad agent. I am	ē	
SIGN	IATURE	gnature, lyped or printed name of registered agent	22 - 7 - 1 - 1 - 1	AVOIE, Decision			ao when reinstating!	DATE				
12.		OFFICERS AN		13.	Ager	it signature require	ADDITIONS/CHANGES TO OFF		DIBECT	CORS IN 12	۲	
TITLE				I. 1 TITLE			1	Change	<u>-</u>	_		
NAME		TARASKA, JOSEPH M.		1.2 N	AME							
STREET	T ADDRESS	111 N. ORANGE AVE. #170	00	1.3 \$	I.3 STREET ADDRESS							
CITY - 5	ST-ZIP	ORLANDO FL				it- ZIP						
TITLE		STD DELETE			2. 1 TITLE				Change	Addition	٦	
NAME		GROWER, MASON H.		2.2 N	AME							
STREET	I ADORESS	111 N. ORANGE AVE. #170	00	235	TREET	ADDRESS						
CITY-S	S1 - ZIP	ORLANDO FL		2.4 C	:4 CITY - ST - ZIP							
TITLE		VD	☐ DELI	ETE 3.17	ITLE		100 May 7 4 10 17 100 100 100 100 100 100 100 100 1		Сћапде	Addition		
NAME		KETCHAM, WALTER A		3.2 N	AME							
STREET	I ADORESS	111 N ORANGE AVE, #170	0	3.3. 9	TREET	T ADDRESS						
CiTY-S	ST-ZIP	ORLANDO FL		3.4 C	ITY-S	ST-ZIP						
TITLE			☐ DEU	ETE 4.17	ITLE				Change	e 🔲 Addition		
NAME				4.2 N	AME							
STREET	I ADDRESS			4.3 S	TREET	ADDRESS						
CITY - S	ST-ZIP			4.4 C	TY-S	1-716						
TITLE			☐ DEU	ETE 5.17	ITLE			Γ	Change	e 🔲 Addition		
NAME				5.2 N	AME							
STREET	i address			5.3 S	TREET	ADDRESS						
CITY-S	S1 - ZIP			5.4 C	ITY-S	IT-ZIP					_	
TITLE		☐ DELETE			ITLE				Change	e 🔲 Addition	7	
NAME				62 N	AME							
STREET	T ADDRESS			638	TREET	ADDRESS						
CITY-S	ST-ZIP			640	iTY-\$	ST - ZiP						
14	do hereby	certify that the information supplied	with this filing is volunt	arily furnished and	doe	s not qualify	for the exemption stated in Section 119	.07(3)(k), Fk	rida Stat	utes. I further		
c	perury mat t path; that I : appears in E	ne information indicated on this annu am an officer or diractor of the corpo Block 12 or Block 131 changed, or c	pai report or suppleme pration or the receiver open an attachment with	rital annual repod or trustee emplowe an address.	red t	to execute th	ate and that my signature shall have the his report as required by Chapter 607, Fl	same legal lorida Statut	enect as es; and f	ii made under :hat my name		

707- 423-4545

Daytene Phone *