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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J08706

(0)

CAIN & EWALD, P.A.

Principal Place of Business	

Mailing Address

MA E BARINGAN CTREET CHITE 1140

FILED May 14 1997 8:00am Secretary of State



P. O. BOX 271 ORLANDO FL S		P. O. BOX 2711 ORLANDO FL 32802-271		,	3. Date Incorporated or Qualified 04/07/1986	3a. Date of La	
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	פו וטעודע	Applied For
21	26				59-2659425		Not Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.			□ \$8.	75 Additional
22		27	•		5. Certificate of Status Desired Fee Required		
City & State City & State				6. Election Campaign Financing \$5.00 May Be		.00 May Be	
23			,		Trust Fund Contribution Added to Fees		
Zip	Country	Zip .	Zip . Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	[30]				
·	9. Name and Address of Curr	ent Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
	N, JOHN M.	* ****		Name			
	E. ROBINSON STREET, SUITE	: 1140	82	Street Add	lress (P.O. Box Number is Not Acceptab	le)	
ORL	ANDO FL 32801		83			*	
			84	City		FL 85	Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0 egistered agent, or bolh, in the Sta m familiar with, and accept the obl	502 and 607.1508, Florida Stat to of Florida. Such change was igations of, Section 607.0505, I	tutes, the above s authorized by Florida Statutes	e-named cor the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep		ing its registered it as registered
SIGNATURE							
12.	Signature, typod or printed name of registered a	agent and title if applicable. (NO ND DIRECTORS	O1E: Registered Age	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FIDS AND DIDEC	TOPS IN 39OT
TITLE	V	DELETE	1.1 TITLE		ADDITIONS/OTIANGES TO OTTIC	Cha	
NAME	CAIN, JOHN M.		1.2 NAME				
STREET ADDRESS	200 E. ROBINSON ST.		1.3 STREET	ADDRESS			1
CITY-ST-ZIP	ORLANDO FL		1.4 CHY - S	1			
TITLE	Ρ	DELETE	21 THLE			Cha	nge Addition
NAME	EWALD, DONALD P.		2.2 NAME				
STREET ADDRESS	200 E. ROBINSON ST.		2 3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL		2 4 C(TY-	ST-ZIP	•		
TITLE	•	☐ DELETE	3.1 TITLE			☐ Cha	nge Addition
NAME			3.2 NAME				
STREET ADDRESS	f .		3.3 S1REE1	ADDRESS			
CITY-ST-ZIP			3.4 CITY - 5	ST - 71P			
TITLE		☐ DELETE	4.1 TITLE	1		☐ Cha	nge 🔲 Addition
NAME	1		4. 2 NAME				ì
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP			4.4 CITY - S	1 - ZIP			
TITLE		L_I DELETE	5 1 TITLE			Cha	inge L. Addition
NAME			5.2 NAME				İ
STREET ADDRESS	15		5 3 STREET				ļ
CITY-ST-ZIP		beiere	5.4 CITY-S	1 - Z/P			noa [1] Addres
TITLE		L_] DELETE	617171.			☐ Cha	inge L. Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP			6.4 CITY - S	1 - ZiP			

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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath, that I am an officer or director of the comporation 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 Black 13 if changed, or on an alachment with an address. 11/20/21 (1/27/125-H128