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

· · · · · · · · · · · · · · · · · · ·	MENT # J1723	` '	FLORIDA			- 100 CHO 200 DON 200 200 200 200
Principal Place	e of Business	Mailing Address	Mailing Address			11#1 HJN 1141 FFN 11#1 TJN 1111
C/O RUSSELL L. MILLS 1505 E COLONIAL DR CRIANDO FL 32803		1505 E COLONIAL I ORLANDO FL 32803	C/O RUSSELL L. MILLS 1505 E COLONIAL DRIVE ORLANDO FL 32803-4705			
US		US			3. Date Incorporated or Qualified 06/03/1986	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Addres	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26 Suite Ant # et	Suite, Apt. #, etc.		59-2684198	Not Applicable \$8.75 Additional
22		27	h		5. Certificate of Status Desired	Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	
24	25 29 30 9. Name and Address of Current Registered Agent		30		Florida Statutes 10. Name and Address of New Re	Yes No
RUS	SELL L MILLS		B1	Name		
1505 E. COLONIAL DRIVE ORLANDO FL 32803			82	Street Addre	ess (P.O. Box Number is Not Accepta	ole)
			83	R3		
<u> </u>				84 City FL 85 Zip Code		 -
office or r agent I a SIGNATURE.	egistered agent, or both, in the Standamiliar with, and accept the ob- Signature, systed or printed name of registered		was authorized by 05, Florida Statutes (NOTE Registered Ager		oration submits this statement for the on's board of directors. I hereby acce ad when reinstating)	pt the appointment as registered
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE NAME	The same seasons		TE 1.1 TITLE 1.2 NAME			☐ Change ☐ Addition
STREET ADDRESS	1842 WINDRIFT ROAD		1.3 STREET	ADDRESS		
CHTY-ST-ZIP	ORLANDO FL 1.41		1.4 CITY - ST	i - Z!P		
TITLE	VP	☐ DELE				Change Addition
NAME STREET ADDRESS	PRECOURT, A.L. 7808 COWAN COURT		2.2 NAME 2.3 STREET	AUDBECC	•	
City-St-ZiP	ORLANDO FL		2.4 CITY-S	1 .	· ·	1.4
TITLE	ST	DELE	TE 3.1 TITLE			Change Addition
NAME	MILLS, RUSS		3.2 NAME			
STREET ADDRESS CITY-ST-ZIP	1505 E. COLONIAL DR. ORLANDO FL		3.3 STREET : 3.4. CITY-S	1		
TITLE	P	DELE	·····	1 2	· ·	Change Addition
NAME	STIMPSON, JOHN JR.		4. 2 NAME	ļ	•	
STREET ADDRESS	1031 SUNSHINE LN \$102		4.3 STREET ADDRESS			
CITY - ST - ZIP TITLE	ALTAMONTE SPRINGS FL	DELE	TE 5.1 TITLE	r - ZIP		Change Addition
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET	ADDRESS		
City-St-ZiP			5.4 CITY- ST	T-ZIP		
TOTLE			•			Change Addition
NAME OTOTON ADSIDED			6.2 NAME	IDDDC00		
STREET ADDRESS CITY: ST-ZIP			6.3 STREET	J ·		
	by certify that the information supp	blied with this filing does no	6.4 City-St t qualify for the exer		in Section 119.07(3)(i), Florida Statute my signature shall have the same leg	es. I further certify that the
informatio Lam an o appears i	on indicated on this annual report of ifficer or director of the co-poration in Block 12 or Block 13 if changed	supplemental annual rep or the receiver or trustee (or on an attachment with	ort is true and accu impowered to execu an address.	rate and that ute this report	my signature shall have the same leg t as required by Chapter 607, Florida	al effect as if made under oath; that Statutes; and that my name

SIGNATURE:

FILED

Feb 18 1997 8:00am

Secretary of State