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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # J61649

(6)

Principal Place	of Business	Mailing /	Mailing Address 5401 S. KIRKMAN RD. SUITE 515				f 480/140 deta beide einet bist diale imt mint biber biber biber biber biber				
5401 S. KIRKMA SUITE 515	AN RD.										
ORLANDO FL 3	2819		3 3 FL 32819-7911				1	,			
51.51155 16 5							3. Date Incorporated or Qualified 3a. Date of La			Report	
							03/13/1987	03/1	2/1996		
2. Principal Pl	ace of Business	2a. Maili	ng Address				4. FEI Number			pplied For	
21		26	***************************************			 	59-2782004			ot Applicable	
Suite, Apt a	#, etc	Suite 27	, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
City & Stale)		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28	28				Trust Fund Contribution	Added to Fees			
Zip	Country	Zip		Counti	ry		8. This corporation has liability for i			s. 199.032,	
24	25	29		30				Yes _			
	9. Name and Address of Cui	rent Registered	Agent		. T ":		10. Name and Address of New Re	gistered A	gent		
	DIE, ROBERT C			8	1 1	Name					
5401 S. Kirkman Rd. Suite 515				8:	82 Street Address (P.O. Box Number is Not Accept			le)			
	ANDO FL 32819			8;	3						
				8	4 (City		FL	85 Zip	Code	
11 Pursuant t	to the provisions of Sections 607	0502 and 607 150	08 Florida Stati	ites, the abou		named corn	oration submits this statement for the p		hanoing	its registered	
office or ri	egistered agent, or both, in the S	tate of Florida Su	ich change was	authorized t	by th	he corporati	ion's board of directors. I hereby accep	t the appo	intment a	s registered	
_	m ramiliar with, and accept the or	oligations of, Sect	1001 607.0005, F	ionua Statoli	es.						
SIGNATURE	Signature. Type dior princed name of registeror	d agent and title if applic	able. (NC	TE: Registered A	gent :	signature require	ed when reinstating)	DATE		·	
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TOTLE	D		DELETE	1.1 TITLE					Change	Addition	
NAME	GINSBURG, ALAN H.			1.2 NAM	E				•		
STREET ADDRESS	2200 LUCIEN WAY, #450			1.3 STRE	ET AD	DDRESS					
CtTY-SI-ZIP	MAITLAND FL 32751			1.4 City	- ST - 2	ZIP	<u> </u>				
THLE	PD		☐ DELETE	2.1 TITLE	1			Į	Change	Addition	
NAME	ROHDIE, ROBERT C.			2.2 NAME	E						
STREET ADORESS	5401 S. KIRKMAN RD. STE	. 515		2.3 STREE	ET AD	ODRESS	•				
City-St-ZiP	ORLANDO FL 32819			2. 4 CITY		ZIP					
TITLE			☐ DELETÉ	3.1 TITLE		j		l	Change	Addition	
NAME				3.2 NAM	E						
STREET ADDRESS				3.3 STRE							
CITY-SI-ZIP			DELETE	3.4. City		ZIP		······	Change	☐ Addition	
TITLE			DELETE	4.1 TITLE		}		Ļ	J Criange		
NAME				4. 2 NAM							
STREET ADDRESS				4.3 STRE							
COY-ST-ZIP TITLE			DELETE	4.4 CITY- 5.1 TITLE		ZIP			Change	Addition	
NAME			tima perene	5.7 THEE			•	,	Onlong(/100mon	
STREET ADDRESS				5.2 NAME		nnress					
CITY-ST-ZIP				5.4 CITY							
TITLE		v	DELETE	6.1 TITLE		***			Change	Addition	
NAME				6.2 NAMI			.** 	•			
STREET ADDRESS				6.3 STRE		DDRESS	* .				
CHY-ST-ZIP	.			6.4 City							
	by certify that the information sup-	plied with this filin	ig does not qua				in Section 119.07(3)(i), Florida Statute	s. I further	certify the	t the	

SIGNATURE:

information indicated on this annul am an officer or director of the appears in Block 12 or Block 13

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ROBERT C. ROH DIE

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 reportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name changed, or on an attachment with an address.

2/7/97

407-248-0110

Feb 14 1997 8:00am

Secretary of State