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

**PROFIT** CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 25 1997 8:00am

Secretary of State

407-839-0600

Secretary of State DIVISION OF CORPORATIONS

	MEN # J65586 ON CORPORATION	(6)			1911 81811 81811 81811 B1811 B181	
Principal Piace of Business  M MARK W. THEISEN. SR. 1005 ORIENTA AVENUE. SUITE 1000 ALTAMONTE SPRINGS FL 32701		Mailing Address % MARK W. THEISEN, SR. 1005 ORIENTA AVENUE, SUITE 1000 ALTAMONTE SPRINGS FL 32701-5020		1 HODING ONE ONER ONER OURD THAC I	//// DARAF STOM DIDAF BAGAL BADA	
*				3. Date Incorporated or Qualified		eport
2. Principal F	Place of Business	2a. Mailing Address		04/03/1987 4. FEI Number	<b>04/29/1996</b>	oplied For
21		26		59-2786869		ot Applicable
Suite, Apt	#, €IC.	Suite, Apt #, etc.		5. Certificate of Status Desired		Additional
City & Stat	to	City & State	***************************************	6. Election Campaign Financing	<del></del>	equired
23	191	28		Trust Fund Contribution	\$5.00 Added	
Ζιρ	Country	Zip	Country	8. This corporation has liability fo	r intangible tax under s	
24	25	29	30		Yes X No	<b></b>
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R	legistered Agent	
GROSMAN, KURT E EOLA PARK CENTER BLDG				Address (D.O. Day My phase is New Assessments)		
	DE. ROBINSON ST. SUITE 1150		82 Street Add	fress (P.O. Box Number is Not Accepted	able)	
	LANDO FL 32801		83	<u> </u>		
			84 City	Attended to the state of the st	<b>85</b> Zip l	Code
de Figure	16	1002 IFO0 Flexide Olek			FL	
office or o	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida. Such change was	authorized by the corpora	poration submits this statement for the ition's board of directors. I hereby acc	purpose of changing it ept the appointment as	ts registered registered
	am familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statutes.			_
SIGNATURE	Signature Typerfor per treataine of registered agen	and tits at applicable (NC)	TE: Registered Agent signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		
T: IT F	P	L_] DELETE		Director	L Change	Addition
NAME CARGO LACORDO CO	THEISEN, MARK W., SR. 255 ROBIN CT		1.2 NAME			
STREET ADDRESS	ALTAMONTE SPGS FL		1.3 STREET ADDRESS 1.4 City-St-Zip	\$		
BILE	ST	DELETE		mental	☐ Change	Addition
NAME	THEISEN, ROBERT W., JR.		22 NAME	•		• •
STREET ADDRESS	.4		23 STREET ADDRESS		:	
CUY-\$1-741	HEATHROW FL	T private	2 4 CITY-SY-ZIP			
HIFLE	DIRECTOR					AZ Allen
NAME	I WHAT E. GROSMAN	DELETE	31 TITLE	- 1	Change	Addition
Propert Annual oc	KURT E. GROSMAN 200 E. Robinson, Suite	,	3 2 NAME		Change	Addition
STREET ADDRESS	KURT E. GROSMAN 200 E. Robinson, Suite ORLANDO FL. 328	,	32 NAME 33 STREET ADDRESS		☐ Change	Addition
STREET ADDRESS CHY+S1-ZIP TIBLE	1 - 0 1 1 3272	,	3 2 NAME		☐ Change	Addition
STREET ADDRESS CITY - ST - ZIP TITLE NAME	RUAT E. GROSMAN 200 E. Robinson, Suite ORLANCO, FL. 328	(1150	32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP			
THLE	ORLANdo, FL. 328	(1150	32 NAME  33 STREET ADDRESS  34. CITY-ST-ZIP  41 TITLE			
TIBLE NAME STREET ADDRESS CITY: ST: ZIP	ORLANdo, FL. 328	(150 COL	3 2 NAME  3 3 STREET ADDRESS  3 4. CITY-ST-ZIP  4 1 TITLE  4 2 NAME  4 3 STREET ADDRESS  4 4 CITY-ST-ZIP	1	☐ Change	Addition
THEE NAME STREET ADDRESS CHY-ST-709 THEE	ORLANdo, FL. 328	(1150	3 2 NAME  3 3 STREET ADDRESS  3 4 . CITY- ST-ZIP  4 1 TITLE  4 2 NAME  4 3 STREET ADDRESS  4 4 . CITY- ST-ZIP  5 1 TITLE			
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	ORLANdo, FL. 328	(150 COL	3 2 NAME  3 3 STREET ADDRESS  3 4 CITY- ST-ZIP  4 1 TITLE  4 2 NAME  4 3 STREET ADDRESS  4 4 CITY- ST-ZIP  5 1 TITLE  5 2 NAME		☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZUP TITLE NAME STREET ADDRESS	ORLANdo, FL. 328	(150 COL	32 NAME  33 STREET ADDRESS  34. CITY- ST-ZIP  41 TITLE  42 NAME  43 STREET ADDRESS  44 CITY- ST-ZIP  51 TITLE  52 NAME  53 STREET ADDRESS	1	☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	ORLANdo, FL. 328	(150 COL	3 2 NAME  3 3 STREET ADDRESS  3 4 CITY- ST-ZIP  4 1 TITLE  4 2 NAME  4 3 STREET ADDRESS  4 4 CITY- ST-ZIP  5 1 TITLE  5 2 NAME		☐ Change	Addition
TITLE NAME STREET ADDRESS CREY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANdo, FL. 328	(150) DELETE	32 NAME  33 STREET ADDRESS  34 CITY- ST-ZIP  41 TITLE  42 NAME  43 STREET ADDRESS  44 CITY- ST-ZIP  51 TITLE  52 NAME  53 STREET ADDRESS  54 CITY- ST-ZIP	1	☐ Change	Addition  Addition  ,
TITLE NAME STREET ADDRESS CREY ST- ZUP TITLE NAME STREET ADDRESS CITY ST- ZUP TITLE	ORLANdo, FL. 328	(150) DELETE	32 NAME  33 STREET ADDRESS  34. CITY- ST-ZIP  41 TITLE  42 NAME  43 STREET ADDRESS  44 CITY- ST-ZIP  51 TITLE  52 NAME  53 STREET ADDRESS  54 CITY- ST-ZIP  61 TITLE	1	☐ Change	Addition  Addition  ,
TITLE NAME STREET ADDRESS CREY-ST-ZIP TITLE NAME STREET ADDRESS CREY-ST-ZIP TITLE NAME	ORLANdo, FL. 328	(150) DELETE	32 NAME  33 STREET ADDRESS  34. CITY-ST-ZIP  41 TITLE  42 NAME  43 STREET ADDRESS  44 CITY-ST-ZIP  51 TITLE  52 NAME  53 STREET ADDRESS  54 CITY-ST-ZIP  61 TITLE  62 NAME		☐ Change	Addition  Addition  ,