## 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	DIVISION OF CORPORAT			HONS	S					
1. Corporation	MENT # (INCLUDED TO THE MENT ALL INCLUDED TO T	(8)				1 124	<b>1 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1 <b>8</b> 181) <b>3</b> 1841 4	<b>1)611 6:3</b> 14 B:311 •	••	
<u> </u>											
Principal Place of Business			Mailing Address				ı indilik dile ileşiş diğil diği	0		ITEN GEBEL BEBLL TO	H
201 E. PIN SUITE 308 ORLANDO US			14907 WARDS RO ORLANDO FL 3282 US				2 Data beauty of the Conference				
							3. Date Incorporated or Qualified 09/28/1987	3a. Da	te of Last F <b>06/26/</b>		
2. Principal Pla	ace of Business	<b>⊢</b> -¬	2a. Mailing Address			· - · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-2870922	<u> </u>		Applied For	
Suite, Apt. #	f, etc.		Suite, Apt. #, etc.						\$8.7	Not Applicable  5 Additional	<u>;</u>
City & State			27				5. Certificate of Status Desired			Required	
23		28	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be				7
Zip	Country		Zφ	Countr	—— У		This corporation has liability for			d to Fees	
24	25 9. Name and Addres	29		30		7//	Florida Statutes	es ∏No		100.002,	
	9, Maine Bild Addres	s of Current Regis	tered Agent	8	II N	anne	10. Name and Address of New	Registered	Agent		$\Box$
BELKH	IAM, GEORGE A.										
14907 WARDS ROAD				8:	Z  St	treet Addres	Address (P.O. Box Number is Not Acceptable)				7
ORLAN	NDO FL 32824			8:	3						-
				84	I Ci	itv			05 7	p Code	_
11 Pursuant to	the provisions of Section	20 POZ DEOR and CO	7.4500 50 11 00	1	1 -	*		FI			
or registere	ed agent, or both, in the So, and accept the obligati	state of Florida. Such	r. 1506, Florida Statu i change was authori.	tes, the above zed by the cor	-name porati	ed corporat ion's board	ion submits this statement for the p of directors. I hereby accept the ap	urpose of cl pointment a	nanging its s registered	registered offic Lagent, Lam	9 .
SIGNATURE	, and doodpt the obligati	ona or, occion oor,i	osos, Fiorida Statute	S.					Ü	. <b>G</b>	
· .	Signature, typed or printed name of	registated agrad and blie if a	uplicatilo. (N	OTF Registered Ag	ont sign	ature required v	vhen reinstating)	LIATE			۔ ا
12. TITLE	<b>P</b> Of:	HICERS AND DIREC	TORS DELETE	13.			ADDITIONS/CHANGES TO OF	FICERS AN			765
NAME	BECKHAM, GEOI	RGE A.	D offere	1 1 117LE 1.2 NAME		ļ	•		Change	☐ Addition	CR2E034 (12/95)
STREET ADDRESS	14907 WARDS R			1.3 STREE		2500					8
CITY-ST-ZIP	ORLANDO FL			1.4 CITY -							Ω Ω
TITLE	\$		DELETE	2. 1 THTLE					Change	Addition	⊣წ
NAME	BECKHAM, GLEN			2 2 NAME							
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NAME			seen	3. I TITLE 3.2 NAME					☐ Change	Addition	
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CITY-ST-ZIP				3.4 C(TY-		l l					
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NAME STREET LOODEGO				4.2 NAME							
STREET ADDRESS CITY-ST-ZIP				4.3 STREE						•	
TITLE			[7] DELETE	44 CITY-: 5 1 TITLE						- A + 600	_
NAME				5.2 NAME					Change	☐ Addition	
STREET ADDRESS				5.3 STREE	I ADDR	ESS					
CITY-ST-ZIP				5.4 C(1) - 5							
TITLE			DELETE	6 1 TITLE					Change	☐ Addition	1
NAME STREET ASSOCIACE				6.2 NAME							
STREET ADDRESS				63 STREET	ADDRI	ESS					

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k), 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 legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND WPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR