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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1997		Secretary of State DIVISION OF CORPORATIONS			Secretary of State	
	MENT # KO454 TON ENTERPRISES, INC		(0)			A HARIONII ANI BANS BINDI BINI BINDI BIRDO SE	II BIBIO BOBIO BORY BORN BORN BORN BABI
Data at a t Dr	(6)		s delice.				
Principal Plac C/O JED BERN 180 SOUTH KN WINTER PARK	IAN Kowles ave.	C/O J 180 S	Mailing Address C/O JED BERMAN 180 SOUTH KNOWLES AVE. WINTER PARK FL 32789-7009			1 19919-11 00 00111 0180 2111 01000 11	, 2160 21611 61611 61611 23611 21514 1661
MINIER FARN		*******	n Fank It Seiser	009		3. Date Incorporated or Qualified 11/30/1987	3a. Date of Last Report 07/15/1996
2. Principal P	lace of Business	2a. M	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# oto	26	Suite, Apt. #, etc.			59-2856583	Not Applicable
2	#, BIG.	27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е		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 intangible tax under s. 199.032,	
4	25 9. Name and Address of Curr		29 30			Ftorida Statutes	
RER	MAN, JED		, u , r , g		31 Name	10, 10010 010 1101000 01 110111	ABJOICE OF THE STATE OF THE STA
	SOUTH KNOWLES AVENUE				82 Street Add	ress (P.O. Box Number is Not Accepta	ible)
	TER PARK FL 32790			L		7-55 (1.6. Box 14411601 16 1401 1400)	
/ · · · · ·			B3				
				84 City			FL 85 Zip Code
SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob-			€ Hegistored	ove-named corpora by the corpora iles. Agent sprature requi		DATE
12.	, , , , , , , , , , , , , , , , , , , ,	AND DIRECTO	DELETE	13.		ADDITIONS/CHANGES TO OFFI	
TITLE NAME	D Pemberton, Neil R.		□ becet	1.1 TITI 1.2 NAI			☐ Change ☐ Addition
STREET ADDRESS	AAA AA						
CITY-ST-ZIP	ORLANDO FL			1.3 STREET ADDRESS 1.4 City - St - Zip			
TITLE	D DELETE		2.1 7(1)	.F		Change Addition	
NAME	PEMBERTON, ANN P.			2.2 NAI	ME		1
STREET ADDRESS	8025 GILLETTE CT.				EET ADDRESS		
CITY-ST-ZIP TITLE	ORLANDO FL		DELETE	2 4 CH 31 TH	Y-ST-ZIP		Change Addition
NAME				3 2 NA	I		- change Fill tweeten
STREET ADDRESS				3 3 516	EET ADDRESS		1
CITY-ST-ZIP				3.4, CI1	Y-ST-ZIP		
TITLE			DELETE	4.1 1111			Change Addition
NAME				4. 2 NA	ł		
STREET ADDRESS					EET ADDRESS (Y-ST-ZIP		
CITY-ST-ZIP TITLE			DELETE	5.1 TITI		<u>, , , , , , , , , , , , , , , , , , , </u>	Change Addition
NAME				5.2 NA	AE .		
STREET ADDRESS				5.3 \$18	EET ADDRESS		
CITY-ST-ZIP			Deltye		Y-ST-ZIP		Chares
TITLE NAME			L DELETE	6.1 TITI 6.2 NA)		L Change L Addition
STREET ADDRESS					EET ADDRESS		
CITY-ST-ZIP				1	Y - \$1 - 2IP		
14. I do herel	by certify that the information support indicated on this appual report of	olied with this f	iling does not quali	fy for the e	exemption stated	d in Section 119.07(3)(i), Florida Statut I my signature shall have the same teo	es. I further certify that the

I am an officer or director of the corporation 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 Block 13 if changed, or on an attachment with an address.

FILED

May 02 1997 8:00am