SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Sep 12 1997 8:00am Secretary of State

	1997	TIES!	DIVISION OF CO	ORPORATIO	ONS		ary or state	
POCU 1. Corporation	MENT # K43532)	(6)					
JOHN B.	INC. OF ORLANDO					1		
		ì				i – Paranani dua bidan alabi duan alibi	EJBIT ÖLÜLÜ BYRYL ÖLGÜL BURJL ÖYÜYY 1831	
	:	1						
Principal Plac	ce of Business	Mailing A	ddress			t inaimils ast mind& frint mit@b [litte sin]	alan alan Bidit anun bibit atbit ibdi	
% VILNA S. BR			% VILNA S. BRUNO					
318 KENNEDY / EATONVILLE FL		318 KENNEDY AVE. EATONVILLE FL 32751				DO NOT WRITE IN THIS SPACE		
ENTONVILLE PL	. 52/31	ENTONVILL	E FL 32/31			3. Date Incorporated or Qualified	3a. Date of Last Report	
						11/04/1988	07/05/1996	
2. Principal F	Place of Business	2a. Mailin	28. Mailing Address			4. FEI Number	Applied For	
21		26	· 4			59-2915445	Not Applicable	
Sulte, Apt.	#, etc.	 	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27	01-1-				Fee Required	
City & Stat	te	City &	State			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Zip		Country		Trust Fund Contribution	Added to Fees	
24	25	29	ļ.,	30		 This corporation owes or has p Personal Property Tax due Jun 	_ ` _ `	
27	9. Name and Address of Curre			, T		10. Name and Address of New R		
BRU	NO, VILNA S.			81	Name			
AAA UPANIPAY ALF					Stroot Ar	Idress (P.O. Box Number is Not Accepte	blo)	
	ONVILLE FL 32751		İ			doress (F.O. Box Number is Not Accepte	DIB)	
				83				
				84	City		85 Zip Code	
					•		FL	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508	8, Florida Statutes	s, the above	-named co	orporation submits this statement for the ration's board of directors. I hereby acceptation	purpose of changing its registered	
agent. I a	am famhjar with, and accopt the oblig	ations of, Section	ori 607.0505, Flor	ida Statutes	i, 00 00 pc	ranon o poura or oncotors. Thereby adde	pr the appointment as registered	
SIGNATURE	Udna 5 18	uno		 				
12.	Signature, typed or printed name of registered ag	ent and little if applica-	ble. (NOTE	Flegislered Age	nt signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	DP	is is it is to the individual of the individual	DELETE	1.1 TITLE		7.551.16(16)(1)(10.25(16)(1)	Change Addition	
NAME	BRUNO, VILNA S.			1.2 NAME	- 1			
STREET ADDRESS	318 KENNEDY AVE.			1.3 STREET	ADDRESS			
CITY-ST-ZIP	EATONVILLE FL			1.4 CITY - S	T-ZIP			
TITLE			DELETE	2.1 TITLE			Change Addition	
NAME				2.2 NAME	1			
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP				2. 4 CITY- S	IT- ZIP			
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 TITLE			Change Addition	
NAME)			3.2 NAME	1			
STREET ADDRESS	1			3.3 STREET	address			
CITY-ST-ZIP				3.4. CITY - S	T-ZIP			
TITLE			DELETE	4.1 TITLE			Change Addition	
NAME				4. 2 NAME	- 1			
STREET ADDRESS	}			4.3 STREET	address			
CITY-ST-ZIP				4.4 CITY-S	r-21P			
TITLE			DELETE	51 TATLE	T		Change Addition	
NAME				5.2 NAME	-			
STREET ADDRESS	ĺ			5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CiTY+St	-ZIP		····	
TITLE			DELETE	6.1 TITLE			Change Addition	
NAME				62 NAME	Į			
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP			· ·	6.4 CITY-S				
I 14. I do bere	by certify that the information supplied	ed with this filing	does not qualify	for the eye	motion stat	ted in Section 119 07(3)(i). Florida Statut	as I further certify that the	

I have the same information supprise with this iming does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes, 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 eath; that 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.

SIGNATURI REQUIRED VIna & Bumo