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

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incipal Flace of Business Mailing Address								HIII) UUU TA			
	6355 METROWEST BLVD SUITE 290 ORLANDO FL 32835-6206 6355 METROWEST BLVD SUITE 290 ORLANDO FL 32835-6206					0					
US	US						3. Date Incorporated or Qualified 11/10/1988 3a. Date of Last Report 02/07/1995				
Principal Plac	e of Business	2a.	Mailing Address				4. FEI Number	.L		Applied For	
Suite, Apt. #,	Ato	26	Puits Ant 4 sts				59-2927757			Not Applicable	
ouite, Apr. #,	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State			City & State				6. Election Campaign Financing			О Мау Ве	
	Country	28	Zip	Cou	ntry		Trust Fund Contribution 8. This corporation has liability for it			d to Fees	
	25	29		30			Florida Statutes	□иэ		733,002,	
	g. Name and Address of Cu	rrent Regist	ered Agent		81	Name	10. Name and Address of New R	egistered	Agent		
SHERDE	L, JOHN R.										
	EKSTONE COURT				82	Street Ac	ddress (P.O. Box Number is Not Acceptab	ie)			
LONGW	OOD FL 32779				83						
					84	City		FL	85 Z	p Code	
GNATURE 80 10 11	grafives typical or printed name of registarial in OFFICERS	agest and tills if a AND DIREC	We are a restrict to the restrict to the second section of the	TI. Registered		t signature req	uted when renstating! ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12	
ME REET ADDRESS LY ST. ZID	SHERDEL, JOHN R. 381 CREEKSTONE COU LONGWOOD FL	RT	_	1.2 %/	AME REET	address T-zip					
ME HEET ADDRESS			DELETE		NME REE (ADDRESS			Change	☐ Addition	
Y -ST-Z P LF ME HELL ADDRESS			☐ DELETE		ITLF AME TREFT	ADDRESS			Change	Addition	
Y - ST - Z P LE ME HEET ADDRESS V - ST - ZIP			☐ DELETE		ITLE AME REET	ADDRESS T-ZIP			☐ Change	☐ Addition	
LF M1 FOLLADDRESS			□ DETELE	5 1 T 5 2 N 5 3 ST	TLE AME REET	ADDRESS T- ZIP	**************************************		Change	Addition	
n ST Zin ME HEFT ADDRESS IY-ST-ZIP			☐ DELETE	6 1 T	ITLE AME IREET	ADDRESS			Change	Addition	
4. I do hereby certify that to oath; that I appears in E		ied with this Innual report orpo ation or or on an att	filing is voluntarily furr I or supplemental and the receiver or truste achment with an add	ished and aual report is empoweress	doe: s tru red 1	n-ziP s not qualifie and accide execute	ly for the exemption stated in Section 119 urate and that my signature shall have the this report as required by Chapter 607, FI	07(3)(k), Fl same lega orida Statu	orida Statu I effect as tes; and th	tes. I further if made under at my name	