5-1-9'Y B-(004) C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997	1995	H INC.	DIVISION OF	CORPORATIONS					
DOCUMENT # K55266 INISHOWEN, INC.				(6))		
Principal Place	e of Business		Mailing	Address			11		MINHI	
2 MACON WAY ST CLOUD FL 34759 US			% VICK 46 N W	IE L. SHESLER ASHINGTON BLVI DTA FL 34236-597						
						3. Date Incorporated 01/03/1989	for Qualified	05/01/1996		
2, Finncipal Fi 1	lace of Business	5	2a. Ma	iling Address		4. FEI Number 59-2926018			pplied For ot Applicable	
Suite Apt.	#. etc			te, Apt. #, etc.		5. Certificate of Stati	us Desired	60 75	Additional	
2	-		27	. P. Cinto				Fea R	equired	
City & State	е		28	y & State		8. Election Campaig Trust Fund Contrib	· · ·		May Be to Fees	
Zip		Country	Zip		Country	8. This corporation t				
3476			[29]		[30]	Florida Statutes 10. Name and Addre	Y			
		d Address of Curr	rent Høgistere	o Agent	81 Name		INTERPRETATION	tered Agent		
	SLER, VICKIE I WASHINGTO				[]					
SUITI		IN DEAD			82 Stree	t Address (P.O. Box Number is	Not Acceptable)			
	ASOTA FL 342	236			83				111111111111111111111111111111111111111	
					B4 City	<u> </u>		85 Zip	Code	
								FL		
office or re	egistered agent	s of Sections 607.0 , or both, in the Sta and accept the ob	ate of Florida. S	Such change was	authorized by the co	d corporation submits this state orporation's board of directors.	ament for the purp I hereby accept the	ne appointment a	its registered s registered	
office or reagent. I at agent. I at SIGNATURE 12.	egistered agent m familiar with, Significal typed or p	, or both, in the Sta and accept the ob- crites rame of rejectored	ate of Florida. Soligations of, Se	Guch change was ction 607.0505, F Hicable (NO	s authorized by the co Florida Statutes. DTE: Registered Agent signatu 13.	rporation's board of directors.	I hereby accept the	ne appointment a DATE S AND DIRECTO	s registered	
office or reagent. I as SIGNATURE	egistered agent m familiar with, Stiplator, typed or p	, or both, in the Stand accept the ob extension of registered OFFICERS A	ate of Florida. Soligations of, Se	Such change was ction 607.0505, F	s authorized by the co- lorida Statutes. DTE: Registered Agent signature 13. 1.1 TITLE	reportation's board of directors.	I hereby accept the	ne appointment a	s registered	
office or reagent. I at agent. I at SIGNATURE 12. 1:11: NAME	egistered agent m familiar with, Sterator: typed or p PD O'DOHERTY	or both, in the Stand accept the ob- rates rame of registered OFFICERS A	ate of Florida. Soligations of, Se	Guch change was ction 607.0505, F Hicable (NO	euthorized by the colorida Statutes. DTE Registered Agent signal. 1.1 TITLE 1.2 NAME	orporation's board of directors. For required when renstating) ADDITIONS/CHAN	I hereby accept the	ne appointment a DATE S AND DIRECTO	s registered	
office or reagent. I at agent. I at SIGNATURE 12.	egistered agent m familiar with, Stiplator, typed or p	or both, in the Stand accept the ob extension of registered OFFICERS A CAHIR	ate of Florida. Soligations of, Se	Guch change was ction 607.0505, F Hicable (NO	s authorized by the co- lorida Statutes. DTE: Registered Agent signature. 13. 1.1 TITLE	orporation's board of directors. Fire required when reinstating) ADDITIONS/CHAN	I hereby accept the	ne appointment a DATE S AND DIRECTO	s registered	
office or reagent. Laid SIGNATURE 12. UILE NAME STREET ADDRESS CITY-ST-ZIP TITE	egistered agent m familiar with, Signatur, laped or p PD O'DOHERTY, 2 MACON W ST CLOUD F	or both, in the Stand accept the ob- rates rame of registered OFFICERS A CAHIR AY	ate of Florida. Soligations of, Se	Guch change was ction 607.0505, F Hicable (NO	euthorized by the colorida Statutes. TE: Registered Agent eignate 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TITLE	orporation's board of directors. For required when renstating) ADDITIONS/CHAN	I hereby accept the	ne appointment a DATE S AND DIRECTO	s registered	
office or reagent. Laid	egistered agent m familiar with, Signature ispector p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, O'DOHERTY	or both, in the Stand accept the ob rates rame of registered OFFICERS A CAHIR AY L	ate of Florida. Soligations of, Se	Juch change was ction 607.0505, F Jicable (NC PIS DELETE	Buthorized by the colorida Statutes. TE: Rogistered Agent eignalt 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME	re required when reinstating) ADDITIONS/CHAN	I hereby accept the	ne appointment and bate S AND DIRECTOR Change	RS IN 12	
office or raggent. Laid	egistered agent m familiar with, Signatur, isped or p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, 2 MACON W	or both, in the Stand accept the ob relearance of registered OFFICERS / CAHIR /AY 	ate of Florida. Soligations of, Se	Juch change was ction 607.0505, F Jicable (NC PIS DELETE	Buthorized by the colorida Statutes. TE: Registered Agent signal. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	re required when reinstating) ADDITIONS/CHAN	I hereby accept the	ne appointment and bate S AND DIRECTOR Change	RS IN 12	
office of magent. Laid	egistered agent m familiar with, Signature ispector p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, O'DOHERTY	or both, in the Stand accept the ob relearance of registered OFFICERS / CAHIR /AY 	ate of Florida. Soligations of, Se	Juch change was ction 607.0505, F Jicable (NC PIS DELETE	Buthorized by the colorida Statutes. TE: Rogistered Agent eignalt 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME	re required when reinstating) ADDITIONS/CHAN	I hereby accept the	ne appointment and bate S AND DIRECTOR Change	RS IN 12	
office of magent. Laid	egistered agent m familiar with, Signatur, isped or p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, 2 MACON W	or both, in the Stand accept the ob relearance of registered OFFICERS / CAHIR /AY 	ate of Florida. Soligations of, Se	Juch change was ction 607.0505, F	Buthorized by the colorida Statutes. TE: Registered Agent eignalt 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	re required when reinstating) ADDITIONS/CHAN	I hereby accept the	DATE S AND DIRECTO Change	RS IN 12 Addition	
office or magent. Laid agent. Laid SIGNATURE 12. THE NAME STREELADDRESS CITY-ST-ZIP THEE NAME STREELADDRESS CITY-ST-ZIP THEE NAME	egistered agent m familiar with, Signatur, isped or p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, 2 MACON W	or both, in the Stand accept the ob relearance of registered OFFICERS / CAHIR /AY 	ate of Florida. Soligations of, Se	Juch change was ction 607.0505, F	authorized by the colorida Statutes. TE: Registered Agent signal. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	proporation's board of directors. Pre required when rematating) ADDITIONS/CHAN	I hereby accept the	DATE S AND DIRECTO Change	RS IN 12 Addition	
office of ragent. Lai SIGNATURE 12. THE NAME SIPEFF ADDRESS CITY-ST-ZIP THEF NAME STREET ADDRESS CITY-ST-ZIP THEF NAME STREET ADDRESS CITY-ST-ZIP THEF NAME STREET ADDRESS CITY-ST-ZIP	egistered agent m familiar with, Signatur, isped or p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, 2 MACON W	or both, in the Stand accept the ob relearance of registered OFFICERS / CAHIR /AY 	ate of Florida. Soligations of, Se	Delete	Buthorized by the colorida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	proporation's board of directors. Pre required when rematating) ADDITIONS/CHAN	I hereby accept the	DATE S AND DIRECTO Change Change	RS IN 12 Addition Addition	
office of magent. Laid agent. Laid 12. 1:11E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE TITLE TITLE TITLE TITLE	egistered agent m familiar with, Signatur, isped or p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, 2 MACON W	or both, in the Stand accept the ob relearance of registered OFFICERS / CAHIR /AY 	ate of Florida. Soligations of, Se	Juch change was ction 607.0505, F	Buthorized by the colorida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE	proporation's board of directors. Pre required when rematating) ADDITIONS/CHAN	I hereby accept the	DATE S AND DIRECTO Change	RS IN 12 Addition	
office of ragent. Lai SIGNATURE 12. THE NAME SIPEFF ADDRESS CITY-ST-ZIP THEF NAME STREET ADDRESS CITY-ST-ZIP THEF NAME STREET ADDRESS CITY-ST-ZIP THEF NAME STREET ADDRESS CITY-ST-ZIP THEF NAME NAME	egistered agent m familiar with, Signatur, isped or p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, 2 MACON W	or both, in the Stand accept the ob relearance of registered OFFICERS / CAHIR /AY 	ate of Florida. Soligations of, Se	Delete	Buthorized by the colorida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME	proration's board of directors. Pre required when renstating) ADDITIONS/CHAN	I hereby accept the	DATE S AND DIRECTO Change Change	RS IN 12 Addition Addition	
Office of ragent. Laid Agent. Laid SIGNATURE 12. 13. 13. 13. 14. 15. 15. 15. 15. 15. 15. 15	egistered agent m familiar with, Signatur, isped or p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, 2 MACON W	or both, in the Stand accept the ob relearance of registered OFFICERS / CAHIR /AY 	ate of Florida. Soligations of, Se	Delete	Buthorized by the colorida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE	proration's board of directors. Pre required when renstating) ADDITIONS/CHAN	I hereby accept the	DATE S AND DIRECTO Change Change	RS IN 12 Addition Addition	
office of ragent. Lai SIGNATURE 12. THE NAME SIPEFF ADDRESS CITY-ST-ZIP THEF NAME STREET ADDRESS CITY-ST-ZIP THEF NAME STREET ADDRESS CITY-ST-ZIP THEF NAME STREET ADDRESS CITY-ST-ZIP THEF NAME NAME	egistered agent m familiar with, Signatur, isped or p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, 2 MACON W	or both, in the Stand accept the ob relearance of registered OFFICERS / CAHIR /AY 	ate of Florida. Soligations of, Se	Delete	Buthorized by the colorida Statutes. Ite Registered Agent eignate 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	proration's board of directors. Pre required when renstating) ADDITIONS/CHAN	I hereby accept the	DATE S AND DIRECTO Change Change	RS IN 12 Addition Addition	
Office of magent. I air agent. I air agent. I air signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent m familiar with, Signatur, isped or p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, 2 MACON W	or both, in the Stand accept the ob relearance of registered OFFICERS / CAHIR /AY 	ate of Florida. Soligations of, Se	Delete	Buthorized by the colorida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 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	proration's board of directors. The required when reinstating) ADDITIONS/CHAN D, V, S, T	I hereby accept the	DATE S AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	
Office of magent. Laid agent. Laid SIGNATURE 12. THE NAME SIREF LADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	egistered agent m familiar with, Signatur, isped or p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, 2 MACON W	or both, in the Stand accept the ob relearance of registered OFFICERS / CAHIR /AY 	ate of Florida. Soligations of, Se	Delete	Buthorized by the collorida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 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 5.3 STREET ADDRESS	proration's board of directors. The required when reinstating) ADDITIONS/CHAN D, V, S, T	I hereby accept the	DATE S AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	
Office of magent. I air agent.	egistered agent m familiar with, Signatur, isped or p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, 2 MACON W	or both, in the Stand accept the ob relearance of registered OFFICERS / CAHIR /AY 	ate of Florida. Soligations of, Se	Delete	Buthorized by the colorida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 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	proration's board of directors. The required when reinstating) ADDITIONS/CHAN D, V, S, T	I hereby accept the	DATE S AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	
Office of magent. I air agent.	egistered agent m familiar with, Signatur, isped or p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, 2 MACON W	or both, in the Stand accept the ob relearance of registered OFFICERS / CAHIR /AY 	ate of Florida. Soligations of, Se	DELETE DELETE DELETE	Buthorized by the colorida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 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 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 TITLE 5.5 A CITY-ST-ZIP	proration's board of directors. The required when reinstating) ADDITIONS/CHAN D, V, S, T	I hereby accept the	DATE S AND DIRECTO Change Change	RS IN 12 Addition Addition Addition Addition	
Office of magent. I air agent. According to the agent according to the a	egistered agent m familiar with, Signatur, isped or p PD O'DOHERTY, 2 MACON W ST CLOUD F VSD O'DOHERTY, 2 MACON W	or both, in the Stand accept the ob relearance of registered OFFICERS / CAHIR /AY 	ate of Florida. Soligations of, Se	DELETE DELETE DELETE	Buthorized by the colorida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 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 5.3 STREET ADDRESS 6.1 TITLE 6.1 TITLE	proration's board of directors. Pre required when reinstating) ADDITIONS/CHAN	I hereby accept the	DATE S AND DIRECTO Change Change	RS IN 12 Addition Addition Addition Addition	
Office of magent. I air agent. I air agent. I air agent. I air I I I I I I I I I I I I I I I I I I I	egistered agent m familiar with, Signature, Ispediar p PD O'DOHERTY 2 MACON W ST CLOUD F VSD O'DOHERTY 2 MACON W ST CLOUD F	or both, in the Stand accept the ob- crites rame of registered OFFICERS / CAHIR /AY	ate of Florida, Saligations of, Se	DELETE DELETE DELETE DELETE	Buthorized by the colorida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 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 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	proration's board of directors. Pre required when reinstating) ADDITIONS/CHAN	I hereby accept the	DATE S AND DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition Addition	

(407)

892-2307

FILED

May 01 1997 8:00am

Secretary of State

Daytime Phone #