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

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

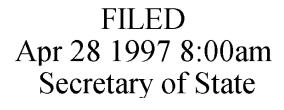
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K83716

(6)

N/C 12/19/96

Principal Place of Business
6335 ROCKINGTREE LANE SUITE D ORLANDO FL 32819





SUITE D ORLANDO FL : US		6335 HOURING PREE LAIN 7485 CONROY WINDERME ORLANDO FL 32819-4186 US	ere. Ste. D	Date Incorporated or Qualified AM744000	Sa. Date of Last Report
				04/27/1989	05/14/1996
	tace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2947052	Not Applicable
Suite, Apt #, etc. 22		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	io	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip (Country 25	Ζιp 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
<u></u> J	9. Name and Address of Curr		1001	10. Name and Address of New Re	
633	.O, RICARDO 5 ROCKINGTREE LANE ANDO FL 32819		81 Name 82 Street Ad 83	dress (P.O. Box Number is Not Acceptab	le)
			B4 City	,	FL 85 Zip Code
office or r	to the provisions of Sections 607.0 registered agont, or both, in the Stann familiar with, and accept the obl	ite of Florida. Such change was	authorized by the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
	Sognature, typicalor printed name of registered a		TE: Registered Agent signature rec		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
NAME STREET ADDRESS	P MELO, RICARDO 6335 ROCKINGTREE LANE ORLANDO FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		ERS AND DIRECTORS IN 12 Change Addition
CHTY+ST+ZIP TITLE	TS	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
	1	E Deteri	1	•	Committee Committee
NAME	MELO-ARIAS, BARBARA		2.2 NAME		•
STREET ADDRESS	6335 ROCKINGTREE LANE		2.3 STREET ADDRESS		1
CHY-SI-ZiP	ORLANDO FL	D BELETE	2 4 CITY-ST-ZIP		Oleman Addition
THEF		L. DELETE	3.1 TITLE	Part	Change Addition
NAME			32 NAME		·. [
STREET ADDRESS			3 3 STREET ADDRESS		
CiTY-S1-7P	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Предста	3 4. CITY-ST-ZIP		
TifLE		L_1 DELETE	41 THTLE		Change Addition
MAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST ZIF			4.4 CITY-ST-ZIP		
TITLE	!	☐ DELETE	5.1 TITLE		Ohange Addition
NAME			5.2 NAME		///\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS			5.3 STREET ADDRESS		71141091
CITY - ST - ZIP			5.4 CITY - ST - ZIP		1011-1
Title		☐ DELETE	6.1 TITLE	المنافق المار المنافق ا	Change Addition
NAME			6.2 NAME	10000216 -04/30/970103	<u> </u>
STREET ADDRESS			6.3 STREET ADDRESS	-04/30/970103	18016
C(T) - S! - ZIP			6.4 CITY - ST - ZIP	***165.00	1
	by certify that the information supp	lied with this filing does not qua		ed in Section 119.07(3)(i). Florida Statutes	s. 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 oath; 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.