## 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 # L06912

IN # L06912

(4)

Principal Place of Business Mailing Address 6150 EDGEWATER DR UNIT D ORLANDO FL 32810  DEFINITION CO.  Mailing Address 6150 EDGEWATER DR UNIT D ORLANDO FL 32810  ORLANDO FL 32810  ORLANDO FL 32810  ORLANDO FL 32810										
US		US				3. Date Incorporated or Qualific 08/03/1989	j	ate of Last Ri <b>'26/1996</b>	eport	
2. Principal Pi	ace of Business	2a. Mailing Address			·	4. FEI Number	1 01/	<del></del>	oplied For	
21		26				59-2966743		No	ot Applicable	
Suite Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
City & State	()	City & State				6. Election Campaign Financing		\$5.00	May Be	
23	<del></del>	28	<del></del>		···	Trust Fund Contribution			to Fees	
Ζφ <b>24</b>	Country 25	Zip	30 Cou	intry		This corporation has liability     Florida Statutes	for intangible  (X) Yes		199.032,	
24]	9. Name and Address of Current		30			10. Name and Address of New				
ALE	XANDER, PATRICIA G			81	Name					
	EDGEWATER DR.			82	Street Addr	ess (P.O. Box Number is Not Acce	otable)			
UNI				83	<del></del>	annon de l'aggregation de l'aggregation de l'aggregation de l'aggregation de l'aggregation de l'aggregation de				
UKL	ANDO FL 32810-4810									
			,	84	City		FL	85 Zip (	Code	
agent I a SIGNATURI 12.	ni familiar with, and accept the obliga Suparus, tysish a protest name of my stored agai OFFICERS AND	t and little if applicable (N			t signature requir	ed when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND	O DIRECTOP	3S IN 12	
100	VSD			TLE				Change	Addition	
NAME	ALEXANDER, PATRICIA G.		12 N	AME						
STREET ADDRESS	2387 WASHINGTON ROAD MOUNT DORA FL				DORESS				!	
CITY+ST-7IP TITLE	PID	☐ DELETE	2.1 Ti	ITY-ST-	-ZIP	1017-7-10-1018-7-		Change	Addition	
NAME	REGINA B. WHITT		22 N		ł			2		
STREET AUDRESS	3540 ENTERPRISE ROAD		2.3 5	TREET A	DDRESS					
CITY: S1, ZIP	SAFETY HARBOR FL		2.40	CITY-ST	- ZIP					
TITLE		☐ DELETE	3.1 Ti					[]] Change	Addition	
NAME			3 2 N							
STREET ADDRESS					DORESS					
CHY-S1-ZIP TITLE		DELETE	4.1 T	OTY-ST ITLE	-zir			Change	Addition	
NAME		_	4. 2 N		1					
STREET ADDRESS			4.3 S	TREEF A	NDORESS					
CHY-ST-7#	,			ITY-ST	- ZIP			·		
1001		DELETÉ	5.1 Ti					[_] Change	Addition	
NAME expert above ce			5.2 N		IDODECC					
STREEL ADORESS OFFY-ST-ZIP				IREET A ITY-ST	DORESS :					
1011-51-70 1011		DELETE	6.1 Ti		-20	10 10 1 10 10 10 10 10 10 10 10 10 10 10		Change	Addition	
NAMÉ			6.2 N	IAME	•					
STREET ADDRESS			6.3 S	TREET A	NODRESS				1	
City - S1 - ZiP		50 107- FB		ITY - ST				and the state of	- AL	
informatic	by certify that the information supplied indicated on this annual report or si officer or director of the corporation or in Block 12 or Block 13 if changed, or	applemental annual report is	s true and a	accur	ate and that	my signature shall have the same	legal effect a	is if made un and that my r	ider oath; that	
appears i	in vision 12 or bit 13 8 changed, or	A		E W P				407		

SIGNATURE:

AGENTURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PTRICIA G. PIEX AND ER V.P.

4-4-97

**FILED** 

Apr 08 1997 8:00am

Secretary of State

298-4421

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