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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1 0000

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FILED	
May 02 1997	8:00am
Secretary of	State

		Mailing Address 1017 E SOUTH ST STE B ORLANDO FL 32801-3011 US		3. Date Incorporated or Qualified 08/14/1989	3a Date	of Last R	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	<u> </u>		oplied For
1		26		59-2967524			t Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	de	City & State	<u></u>	6. Election Campaign Financing		\$5.00	
3		28		Trust Fund Contribution		Added 1	
Zip	Country	Zφ	Country	8. This corporation has liability for			. 199.032,
4	25 9. Name and Address of Currer	29	30	Florida Statutes L 10. Name and Address of New Re	Yes		
OI E	EMONS, WILLIAM M., HI	it rogistores Agent	81 Name	IV. Haille alle Addition of Herr Ne	gistoled A	Bout.	
STE	7 E SOUTH ST E B LANDO FL 32801		82 Street Add 83 Street Add	ress (P.O. Box Number is Not Acceptal	FL	85 Zip (Code
11. Pursuant office or	t to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statut of Florida, Such change was	les, the above-named corp authorized by the corporal	poration submits this statement for the partion's board of directors. I hereby access		hanging it intment as	s registered registered
agent La SIGNATURE					DATE		
	Signature, typed or purezed name of registered agr		orida Statutes. E. Registered Agent signature regul 13.		DATE		
SIGNATURE	Signature, typing or privind name of registered agr OFFICERS AN	ent and little if applicable. (NOT	E: Registered Agent signature requi	red when reinstating)	DATE CERS AND I		
SIGNATURE 12. THE NAME	Signature, typing or priving frame of legistered agr OFFICERS AN PVPS LIGHTSEY, JOHN T JR	ent and little of applicable. (NOT ID DIRECTORS	13. 1.1 TITLE 1.2 NAME	red when reinstating)	DATE CERS AND I	DIRECTOR	RS IN 12
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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 oal 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.

SHOURED REQUIRED OFFICER OR DIRECTOR