## 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** 

DOCHMENT #

101

i. Corpo ador	& COMPANY, INC.	Mailing Address						
427 LAKE HOWELL RD. MAITLAND FL 32751 US		427 LAKE HOWELL RD. MAITLAND FL 32751-5806	427 LAKE HOWELL RD.					
					3. Date Incorporated or Qualified 09/19/1989		te of Last Re 01/1996	port
2. Principal Place of Business		2a. Mailing Address	28. Mailing Address 26			4. FEI Number Applied For 59-2968037 Not Applicab		
21 Suite, Apt. #, elc 22		Suite, Apt. #, etc.					\$8.75 A	Additional
City & State 23		City & State	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
Zip 24	Country 25	Zip <b>29</b>	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			199.032,
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New	Registered A	.gent	J
ATHEY, MICHAEL S. 5631 GARDEN GROVE CIRCLE			82		ess (P.O. Box Number is Not Accep	lable)		•·····································
MM	TER PARK FL 32792		83					
			64	City	· · · · · · · · · · · · · · · · · · ·	FL	85 Zip C	Code
SIGNATURE	egistered agent, or both, in the State or familiar with, and accept the oblig  Signature typed or printed name of registered age				of when reinstating)  ADDITIONS/CHANGES TO OF	DATE		
TITLE	PS DELETE ATHEY, MICHAEL S. 5631 GARDEN GROVE CIR.		1.1 TITLE 1.2 NAME				Change	Addition
NAME								
STHEET ADDRESS			1.3 STREET	ADDRESS				
CITY - ST - ZIP	WINTER PARK FL		1.4 CITY - ST - ZIP			·	T-1-27	- 1-1 A 1115
TITLE		☐ DELETE	2.1 TITLE				Change	Addition
NAME			22 NAME 23 STAEET	ANNOTES				
CITY - ST - ZIP			2 4 CITY - S					i
TOLE	☐ DELETE		3.1 TITLE		<u> </u>	4,5	☐ Change	Addition
NAME			3.2 NAME	İ				
STREET ADDRESS			3.3 STREET	1				
CHY-ST-ZIP TITLE		DELETE	3.4. CITY-5 4.1 TITLE	T-ZIP			Change	Addition
NAME		Carlo Occare	4. 2 NAME	}			C.J. Omango	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY - ST - ZIF			4.4 CITY - S	T-ZIP				
TITLE		☐ DELETE	51 TATLE				Change	Addition
NAME			5.2 NAME	-				
STREET ADDRESS			5.3 STREET	1				
CHY-ST-ZIP TITLE		DELETE	5.4 CITY-S 6.1 TITLE	T- ZIP		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Change	Addition
NAMÉ		Find October	6.2 NAME	[			Unango	and indulied
STREET ADDRESS			6.3 STREET	ADDRESS				ı

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 or on an attachment with an address.

SWATURE REQUIRED RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

May 02 1997 8:00am

Secretary of State