## 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 # L31263

(1)

THEOPHILUS, IN	C.				
Principal Place of Busines	s	Mailing Address		1 10011011 000 11107 11010 11010 11106 H71 1	61811 81911 81811 81811 81811 81811 1 <b>78</b> 1
Q/O LAWRENCE 6: SEMEN 31747 ROUND LAKE RD MT. DORA FL 32757	<del>10 -</del>	31747 ROUND LAKE ROA MT. DORA FL 32757-951 US		2. Data Ironnested at Out 15th	3a Data of Laci Passari
US				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Busi	2000	2a. Mailing Address		01/01/1990 4. FEI Number	06/11/1996 Applied For
	ound LAKE Pd			59-2981157	Not Applicable
Suite, Apt #, etc.	oung warm it	Suite, Apt. #, etc.			E9 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 MT DORA		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24 32757	25 LAK	29	30	Florida Statutes	
	and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Rec	hararao Agant
NORMAN, MA					
31747 ROUND			82 Street Add	dress (P.O. Box Number is Not Acceptable	(e)
MOUNT DORA	FL 32757		83		
			84 City		FL 85 Zip Code
11. Pursuant to the provi	sions of Sections 607.0502	and 607.1508, Florida Statu	utes, the above-named cor	rporation submits this statement for the pa ation's board of directors. I hereby accep	urnose of changing its registered
	ient, or born, in the state o				
agent. I am familiar v	itn, and accept the obligati	ions of, Section 607.0505, F	Florida Statutes	ation's board or directors. Thereby accept	
agent. I am familiar v	ith, and accept the obligati	ions of, Section 607.0505, F	Florida Statutes	ation's board of directors. Thereby accep	
agent. I am familiar v SIGNATURE Signature, type	ith, and accept the obligation of registered agent	ons of, Section 607.0505, F	TOTICA Statutes.  TE flegislered Agent signature requ	ured when reinslating)	DATE
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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 Achanged, or on an attachment with an address 14 ACT 15 Control of the corporation of the corporation or an attachment with an address 14 ACT 15 Control of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**FILED** 

Feb 13 1997 8:00am

Secretary of State