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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business 2308 WHITEHALL DR WINTER PARK FL 32792 Mailing Address Winter PARK FL 32792 (2) Mailing Address 2308 WHITEHALL DR WINTER PARK FL 32792 WINTER PARK FL 32792									
WINTER PARK	FL 32792	WINTER PARK FL 32792	4763			3. Date Incorporated or Qualified	4	Date of Last Ro	eport
2 Principal D	Place of Business	2a. Mailing Address				12/20/1989 4. FEI Number	<u>U4</u>	<u>//24/1996</u>	nlied For
21	Take of Odainess	26				59-2988223			plied For t Applicable
Suite Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	dditional
City & Stat	6:	City & State			·• · · · · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be
7ip 24	Country 25	Z _I p 29	30	intry		8. This corporation has liability for i		e tax under s.	
	9. Name and Address of Cur		1301	Ι		10. Name and Address of New Re			
CHENELER, AL A. 861 W MORSE BLVD SUITE 225 WINTER PARK FL 32789				81 82 83 84	Name Street Add	ddress (P.O. Box Number is Not Acceptable) FL 85 Zip Code			
agent +a	im familiar with, and accept the ob-	oligations of, Section 607.0505, I	Florida Stat	lutes		tion's board of directors. I hereby acceptions board of directors. I hereby acceptions to the second of the second	DATE		
12. TITLE	DP OFFICERS	OFFICERS AND DIRECTORS DELETE		TLE		ADDITIONS/CHANGES TO OFFIC	Eno An	Change	Addition
NAME	ZELESKY, FRANCIS	tand other	1.2 N/					- Change	Land Francisco
STREET ADDRESS	2308 WHITEHALL DR WINTER PARK FL		1.3 \$1	TAEET	ADDRESS				
CITY-ST-ZIP	ST	DELETE	1,4 CI 2,1 TI	TIF	1-212			☐ Change	Addition
NAME	ZELESKY, FRANCIS 2308 WHITEHALL DR	_ onch	2.2 N	AME	ADDRESS			ongo	
STREET ADDRESS CITY - ST - ZIP	WINTER PARK FL				AL/UNCOS ST-ZIP				
TITLE	7/11/2/17/4/4/10	DELETE	31 TI					☐ Change	Addition
NAME			3.2 N	AME				-	
STREET ADDRESS			3.3 \$1	TREET	ADDRESS				
CITY - \$1 - ZIF			3.4. C	ITY-S	ST-ZIP				
TITLE		DELETE	4.1 (TLE				☐ Change	Addition
NAME			4.2 N	IAME	ļ				
STREET ADDRESS			4.3 ST	TREET	ADDRESS				
City-St-ZiP					T-ZIP				-
TITLE		☐ DELETE	5.1 18		1			Change	Addition
NAM:			5.2 N						
\$TREET ADDRESS			5.3 \$	TREET	ADDRESS				
CITY - ST - ZIP		r			T-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		F 7 &	T 6 1 200
THEE		☐ DELETE	6.1 T					Change	Addition
NAME			62 N						
STREET ACIDRESS			635	TREET	ADDRESS				

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address.

FRAMILE 7. F. F. F. C. V.