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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(6)

AICUL, I	INC.				######################################
Principal Place	e of Business	Mailing Address			
709 E. COLONIAL DRIVE C/O ALBERT G. HARTOG ORLANDO FL 32803		709 E. COLONIAL DRIVE C/O ALBERT G. HARTO ORLANDO FL 32803-460	3		
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		02/05/1990 4. FEI Number	04/24/1996
21		26			Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3125422	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζ(ρ 1	Country	Zip	Country	8. This corporation has liability for in	
24	9. Name and Address of Curre	29	30		Yes No
		aur uedisteien videur	81 Name	10. Name and Address of New Reg	Isteres Agent
	TOG, ALBERT G.				
	e. Colonial drive Ando fl 32803		82 Street Add	iress (P.O. Box Number is Not Acceptabl	ө)
			84 City		FL 85 Zip Code
agent (a)	eg-stered agent, or both, in the Sta in familiar with, and accept the obtained accept the obtained accept the state of the	gations of, Section 607,0505, F	authorized by the corpora forida Statutes. TE Registered Agent signature requ	poration submits this statement for the pution's board of directors. I hereby acceptions when reinstating)	t the appointment as registered
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.9 TITLE		Change Addition
NAME	HARTOG, LUCIA		1.2 NAME		
STREET ADDRESS	709 E. COLONIAL DR. ORLANDO FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	UNDANDO FL	DELETE	1,4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME		C precit	2.2 NAME		El cualda El vaquion
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE	100 - 100 100 100 100 100 100 100 100 10	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		*
STREET ADDRESS			3.3 STREET ADDRESS	*. * .	
CITY - ST - ZIP		—	3.4 CITY-ST-ZIP		
TIFLE		L DELETE	4.1 TITLE		Change Addition
NAME Daniel Locores			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS	•	
C(TY - S1 - ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		bereit	5.2 NAME		C'E puande C'E vocilion
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 NAME		•
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-S1-ZIP	PROFESS		6 4 CITY-ST-ZIP		
14. I do hereb information I am an of appears in	by certify that the information suppli n indicated on this annual report or ficer or director of the corporation n Block 12 or Block 13 if changes,	ed with this filing does not qua supplemental annual report is or the receiver or trustee empo or on an attachment with an ac	lify for the exemption state true and accurate and tha wered to execute this repo ldress.	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida St	I further certify that the effect as if made under eath; that atutes; and that my name

SIGNATURE:

FILED

Apr 24 1997 8:00am

Secretary of State