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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L54958

(8)

ONCE UPON A TIME, INC. OF CENTRAL FLORIDA

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2. Mailing Additions			•••			
Sure, Apt. #, etc. Suite File Suite Suite Suite Status Series Status Statu	2. Principa! P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
City & State	21			***************************************	59-2993868	Not Applicable
28	—	#, etc.	27		5. Certificate of Status Desired	1 1
Zo		e			,	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 10.		Country	· · · · · · · · · · · · · · · · · · ·	Country		
P. Name and Address of Current Registered Agent DICKERSON, PATRICIA 1016 HESPERIDES ROAD LAKE WALES FL 33853 82 Street Address (P.O. Box Number is Not Acceptable) 83	1	} ₁		_ `		
DICKERSON, PATRICIA 1016 HESPERIDES ROAD LAKE WALES FL 33853 ### Only	<u> </u>			30		
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LAKE WALES FL 33853 83				20 000000		
BS				82 Street Add	dress (P.O. Box Number is Not Accepta	ible}
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-hamed corporation submits this statement for the purpose of changing its register of agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registeria agent, and the application of Section 607.0505, Florida Statutes. SIGNATURE Signature, speaked review from a decorpt the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, speaked review from or of tayser-da agent and their applicable. PINTE Registered Agent algorithms required when ministery. DELETE 1.1 THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THANK. DICKERSON, JAMES F. 12 YAME DELETE 1.1 THE ACITY-SI-2P THE ACITY-SI-2P THE ACITY-SI-2P THE ACITY-SI-2P DELETE 2.1 THE 2.2 THILE 2.3 THILE 2.3 THILE 3.3 SIRECET ADDRESS CHY SI-2P 3.3 SIRECET ADD				83		
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11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent. I can familiar with and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. PSD DICKERSON, JAMES F. 1016 HESPERIDES ROAD 13. SIRECT ADDRESS 11. TITLE 1016 HESPERIDES ROAD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY ST. 2P. 15. TITLE 15. TITLE 16. Change Addit Ad				84 City		B5 Zip Code
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SIGNATURE	onice or r	registered agent, or both, in the S	tate of Florida. Such change wa	is authorized by the corpori	ation's board of directors. I hereby acce	pt the appointment as registered
Signature precise precised requestered agent and time it empiricable PAOTE. Registered Agent algonature sequented when reinstalling DATE		The state of the s	ingations of, occiton contocod,	Tionad otatotos.		
PSD	SIGNATORE	Signature, typed or proted name of registere	d agent and title if applicable (N	IOTE. Registered Agent signature requ	uired when reinstating)	DATE
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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 oath; 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	informatio	n indicated on this annual report.	or supplemental annual report is	s true and accurate and the	at my signature shall have the same tog	al affact as if made under noth the