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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Daytime Phone #

Sandra B. Mortham

	AL REPORT Secretary of DIVISION OF CORF			•			Secretary of State					
DOCUMENT # L56503 (0) RICHARD B. TROUTMAN, P.A.												
					·····							
Principal Place of Business 1245 WEST FAIRBANKS AVE. SUITE 500 WINTER PARK FL 32789			Mailing Address 1245 WEST FAIRBANKS AVE. SUITE 500 WINTER PARK FL 327894882									
								3. Date incorporated or Qualified 03/12/1990	3a. Date o		eport	
2. Principa! Place of Business 21			2a. Mailing Address					4. FEI Number 59-2992063		Ap	pplied For at Applicable	
Suite Apt. # etc.			Suite, Apt. #, etc.				Certificate of Status Desired	□ \$	8.75	Additional	1	
22 City & State 23		-1	27 C	City & State				Election Campaign Financing Trust Fund Contribution		Fee Re \$5.00 Added t	May Be	-
Zip 24	25	Country	29	Zip	Со. 30	intry		This corporation has liability for Florida Statutes	Yes N	under s. lo		
GRF	9. Name and ENBERG, WILL	Address of Currer	it Registe	red Agent		81 Name		10. Name and Address of New Re	gistered Age	nt		$\frac{1}{2}$
6500) HIGHWAY 17- N PARK FL					82 Street	Addres	c C. Linder, CPA ss (P.O. Box Number is Not Acceptate Jackson St., Su	ole) ite 10	1		-
						84 City	and	lo	FL 8		Code 2801	1
11. Pursuant I office or r agent La	to the provisions o eg stered agent, o m familiar with, ar	of Sections 607.950 or both, in the State nd accept the oblig	2 and 607 of Florida ations of	7.1508, Florida Statu I. Such change was Section 607.0505, Fl	tes, the a authorize lorida Sta	bove-named d by the cor tutes.	corpo poratio	ration submits this statement for the p n's board of directors. I hereby accep		anging it ment as	s registered registered	
SIGNATURE		led name of registrated age	CX.	<u>, Y</u>				(when reinstating)	/20/97 DATE	7		
12.		OFFICERS AN		ORS	13.		— —	ADDITIONS/CHANGES TO OFFIC		*************		- (g
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NAMÉ					5.2 N	ame						
STREET ADDRESS					5.3 S	TREET ADDRESS	[
CITY-S1-ZIP				- December		ITY - ST - ZIP	 		·	Chara	1.220	4
TITLE				☐ DELETE	6.1 T			•	ليا	Change	Addition	
NAME STREET ADURESS					6.2 N	ame Treet a ddress						
CITY-ST-ZIP						ity-st-zip						
14 Late hazal	by certify that the	information supplic	d with this	filing does not qual	lifu for the	overention	stated	in Section 119.07(3)(i), Florida Statute	s. I further ce	rtify that	the	7
information Lam an o appears :	on indicated on the Mider or director on Block 12 or Blo	is annual report ex of the corporation o ck 13 if changes of	supplement the received that an all	ver or trust e emport is the chimen with an ad	wered to	accurate an execute this	report	ny signature shall have the same legal as required by Chapter 607, Florida S	arenect as if r Statutes; and t	nade un that my r	der gain; ina name	1(