FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

/^\

DOCUN 1. Corporation COLOI						
Principa¹ Place	of Business	Mailing Address	 			
345 W. MICHIGAN ST. SUITE 106 ORLANDO FL 32806		345 W. MICHIGAN ST. SUITE 106 ORLANDO FL 32606				
OILD III	2 92000			 Date Incorporated or Qualified 03/14/1990 	3a. Date of Last 03/03/	
2. Principal Pla	ace of Business	2a. Mailing Address		4, FEI Number 59-2997655		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	75 Additional
2		27				e Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	1 1	.00 May Be ded to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in		s 199.032,
4	25 g. Name and Address of Curr	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20]30]	Florida Statutes Yes 10. Name and Address of New Re		
BIALLY, HEINZ 816 EASTGATE TRAIL LONGWOOD 32750			82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable	100	Zip Code
			D-4 City		FL °°	zip code
	40 11 000 00	00 1007 1500 50 11 01 1				
or registere familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic th, and accept the obligations of, Se	02 and 607.1508, Florida Statu orida. Such change was authori oction 607.0505, Florida Statute	tes, the above-named corporation's books.	oration submits this statement for the purp lard of directors. I hereby accept the appoi	our of changing it	s registered offic ed agent. I am
or registere familiar wit	ed agent, or both, in the State of Fix h, and accept the obligations of, Se Signature typed or prined name of registered ag	orida. Such change was authori oction 607.0505, Florida Statute ent and line if applicable N	tes, the above named corporation's box ged by the corporation's box s.	and of directors. I hereby accept the appoint	pose of changing it intment as register DATE	ed agent. I am
or registere familiar wit SIGNATURE	ed agent, or both, in the State of Fik h, and accept the obligations of, Se Signature typed or prinied name of registered ag OFFICERS A	orida. Such change was authori oction 607.0505, Florida Statute ent and title if applicable (N ND DIRECTORS	zed by the corporation's books. OTE Registered Agent signature requirements.	ard of directors. I hereby accept the appoi	DOSE OF CHANGING IT: Intment as register DATE CERS AND DIRECT	ed agent. I am
or registere familiar wit SIGNATURE	ed agent, or both, in the State of Fik h, and accept the obligations of, Se Signature typed or prinied name of registered ag OFFICERS A	orida. Such change was authori oction 607.0505, Florida Statute ent and line if applicable N	zed by the corporation's books. OTE Registered Agent signature require	and of directors. I hereby accept the appoint	pose of changing it intment as register DATE	ed agent. I am
or registere familiar wit SIGNATURE 12. FILE NAME	ed agent, or both, in the State of Fik h, and accept the obligations of, Se Signature typed or prinied name of registered ag OFFICERS A	orida. Such change was authori oction 607.0505, Florida Statute ent and title if applicable (N ND DIRECTORS	zed by the corporation's books. OTE Registered Agent sgnature requirements. 13. 1.1 TITLE	and of directors. I hereby accept the appoint	DOSE OF CHANGING IT: Intment as register DATE CERS AND DIRECT	ed agent. I am
or registere familiar wit SIGNATURE	ed agent, or both, in the State of Fik h, and accept the obligations of, Se Signature typed or prin edinance of registered ag OFFICERS A D CRUSE, HERMANN	orida, Such change was authorisction 607.0505, Florida Statute ent and life if applicable N ND DIRECTORS	zed by the corporation's box's. OTE Registered Agent signature requirements. 13. 1.1 TITLE 1.2 NAME	and of directors. I hereby accept the appoint	DOSE OF CHANGING ITS INTERPRETATE DATE CERS AND DIRECT Chang	ed egent. I am TORS IN 12 e
or register familiar wit SIGNATURE	ed agent, or both, in the State of Fith, and accept the obligations of, Se Signature typed or prin edinance of registered as OFFICERS A D CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D	orida. Such change was authori oction 607.0505, Florida Statute ent and title if applicable (N ND DIRECTORS	zed by the corporation's box's. OTE Registered Agent signature requirements. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	and of directors. I hereby accept the appoint	DOSE OF CHANGING IT: Intment as register DATE CERS AND DIRECT	ed egent. I am TORS IN 12 e
or register familiar wit SIGNATURE	ed agent, or both, in the State of Fith, and accept the obligations of, Se Signature typed or prin edinance of registered as OFFICERS A D CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ	orida, Such change was authorisction 607.0505, Florida Statute ent and life if applicable N ND DIRECTORS	250 by the corporation's box S. OTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	and of directors. I hereby accept the appoint	DOSE OF CHANGING ITS INTERPRETATE DATE CERS AND DIRECT Chang	ed egent. I am TORS IN 12 e Addition
or registere familiar wit SIGNATURE 12. DITLE NAME STREET ADDRESS DITY-ST-ZIP TILE NAME STREET ADDRESS	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or prin edinante of registered agency of the CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ 345 W MICHIGAN ST	orida, Such change was authorisction 607.0505, Florida Statute ent and life if applicable N ND DIRECTORS	250 by the corporation's box 3. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	and of directors. I hereby accept the appoint	DOSE OF CHANGING ITS INTERPRETATE DATE CERS AND DIRECT CHANG	ed egent. I am TORS IN 12 e
or register familiar wit SIGNATURE	ed agent, or both, in the State of Fith, and accept the obligations of, Se Signature typed or prin edinance of registered as OFFICERS A D CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ	orida, Such change was authorisction 607.0505, Florida Statute ent and life if applicable N ND DIRECTORS	250 by the corporation's box S. OTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	and of directors. I hereby accept the appoint	DOSE OF CHANGING ITS INTERPRETATE DATE CERS AND DIRECT CHANG	ed agent. I am TORS IN 12 e
or registere familiar wit SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or prin edinante of registered agency of the CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ 345 W MICHIGAN ST	orida. Such change was authoriction 607.0505, Florida Statute ent and life if applicable N ND DIRECTORS DELETE DELETE	250d by the corporation's box S. OTE Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	and of directors. I hereby accept the appoint	DATE CERS AND DIRECT Chang	ed agent. I am TORS IN 12 e
or registere familiar with SIGNATURE 12. DITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or prin edinante of registered agency of the CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ 345 W MICHIGAN ST	orida. Such change was authoriction 607.0505, Florida Statute ent and life if applicable N ND DIRECTORS DELETE DELETE	250 by the corporation's box 3. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	and of directors. I hereby accept the appoint	DATE CERS AND DIRECT Chang	ed agent. I am TORS IN 12 e
or registers familiar with signature	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or prin edinante of registered agency of the CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ 345 W MICHIGAN ST	orida. Such change was authoriction 607.0505, Florida Statute ent and their applicable N IND DIRECTORS DELETE DELETE	250 by the corporation's box 3. 13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME	and of directors. I hereby accept the appoint	DATE CERS AND DIRECT Chang	ed agent. I am TORS IN 12 e
or registere familiar with signature	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or prin edinante of registered agency of the CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ 345 W MICHIGAN ST	orida. Such change was authoriction 607.0505, Florida Statute ent and life if applicable N ND DIRECTORS DELETE DELETE	250 by the corporation's box 3. 13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS	and of directors. I hereby accept the appoint	DATE CERS AND DIRECT Chang	ed egent. I am TORS IN 12 e
or register familiar with signature	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or prin edinante of registered agency of the CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ 345 W MICHIGAN ST	orida. Such change was authoriction 607.0505, Florida Statute ent and their applicable N IND DIRECTORS DELETE DELETE	25d by the corporation's box 3. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TITLE 42 NAME	and of directors. I hereby accept the appoint	DATE CERS AND DIRECT Chang	ed egent. I am TORS IN 12 e
or register familiar with signature	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or prin edinante of registered agency of the CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ 345 W MICHIGAN ST	orida. Such change was authoriction 607.0505, Florida Statute ent and their applicable N IND DIRECTORS DELETE DELETE	250 by the corporation's box 3. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS	and of directors. I hereby accept the appoint	DATE CERS AND DIRECT Chang	ed egent. I am TORS IN 12 e
or register familiar with familiar with signature	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or prin edinante of registered agency of the CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ 345 W MICHIGAN ST	orida. Such change was authorication 607.0505, Florida Statute ont and tile if applicable N IND DIRECTORS DELETE DELETE DELETE	250 by the corporation's box 3. 13. 1 1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	and of directors. I hereby accept the appoint	DATE CERS AND DIREC Chang Chang	ed egent. I am TORS IN 12 e
or registerer familiar with signature	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or prin edinante of registered agency of the CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ 345 W MICHIGAN ST	orida. Such change was authoriction 607.0505, Florida Statute ent and their applicable N IND DIRECTORS DELETE DELETE	250 by the corporation's box 3. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE	and of directors. I hereby accept the appoint	DATE CERS AND DIRECT Chang	ed egent. Lam TORS IN 12 e
or registerer familiar with signature	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or prin edinante of registered agency of the CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ 345 W MICHIGAN ST	orida. Such change was authorication 607.0505, Florida Statute ont and tile if applicable N IND DIRECTORS DELETE DELETE DELETE	250 by the corporation's box 3. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME	and of directors. I hereby accept the appoint	DATE CERS AND DIREC Chang Chang	ed egent. I am TORS IN 12 e
OF register familiar with SIGNATURE	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or prin edinante of registered agency of the CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ 345 W MICHIGAN ST	orida. Such change was authorication 607.0505, Florida Statute ont and tile if applicable N IND DIRECTORS DELETE DELETE DELETE	200 by the corporation's box 3. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 Title 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 Title 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	and of directors. I hereby accept the appoint	DATE CERS AND DIREC Chang Chang	ed agent. I am TORS IN 12 e
or registere familiar with signature	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or prin edinante of registered agency of the CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ 345 W MICHIGAN ST	orida. Such change was authorication 607.0505, Florida Statute ont and their applicable N IND DIRECTORS DELETE DELETE DELETE DELETE	250 by the corporation's box 13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	and of directors. I hereby accept the appoint	DATE DATE CERS AND DIREC Chang Chang Chang	ed egent. I am IORS IN 12 e
OF register familiar with SIGNATURE	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or prin edinante of registered agency of the CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ 345 W MICHIGAN ST	orida. Such change was authorication 607.0505, Florida Statute ont and tile if applicable N IND DIRECTORS DELETE DELETE DELETE	250 by the corporation's box 13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6 1 TITLE	and of directors. I hereby accept the appoint	DATE CERS AND DIREC Chang Chang	ed egent. I am IORS IN 12 e
or registere familiar wit	ed agent, or both, in the State of Rich, and accept the obligations of, Se Signature typed or prin edinante of registered agency of the CRUSE, HERMANN 345 W MICHIGAN ST ORLANDO FL D BIALLY, HEINZ 345 W MICHIGAN ST	orida. Such change was authorication 607.0505, Florida Statute ont and their applicable N IND DIRECTORS DELETE DELETE DELETE DELETE	250 by the corporation's box 13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	and of directors. I hereby accept the appoint	DATE DATE CERS AND DIREC Chang Chang Chang	ed egent. I am IORS IN 12 e

certay that the information included on this armore report or supplemental almost report to the and according that my signature shall have the same legal effect as it 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 Stalutes; and that my name appears in Block 12 or Block 13 if changed, or only attachment with an address.