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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # L64505

(5)

TAMAYO & COMPANY, P.A.

,,

Principal Place of Business

Mailing Address

2180 WEST 8R 434 - STE. 1150 LONGWOOD FL 32778

2180 WEST SR 434 - STE. 1150 LONGWOOD FL 32779-5027 FILED Apr 29 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified	3a. Date of Last Repor	rt
				04/09/1990		
	Place of Business	2a. Mailing Add	dress	4. FEI Number	Applie	d For
21		26		59-2993521	Not Ap	plicable
Suite, Apt	. #, etc.	Suite, Apt.	t, etc.	5. Certificate of Status Desired	\$8.75 Addi	
22		27		Gordinade di Statos Doslied	Fee Requir	ed
City & Sta	lte	City & State		6. Election Campaign Financing	\$5.00 May	/ Be
23		28		Trust Fund Contribution	Added to Fe	
Zip	Country	Ζφ	Country	B. This corporation has liability for		9.032,
24	25	29	30	Florida Statutes	Yes 🗌 No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	egistered Agent	
TAN	MAYO, RONALD		81 Nami	RONALD TAMA	140	
	O OAK SHORE RD.		82 Stree			
	EDO FL 32766		02 01186	Address (P.O. Box Number is Not Accepta	COURT	
• • • • • • • • • • • • • • • • • • • •			83			
			84 Gity	instruction of the same	85 Zn Cod	0
11. Pureueni	to the productions 607 O	L02 and 607 1508 Flor	ida Statutos, the aboue name	d corporation submits this statement for the	TL JOS /	0 5
office or	regis gred ages, or Joth, in the Sta am familia. Ith part age	to of Florida. Such cha	nge was authorized by the co	prporation's board of directors. I hereby acce	purpose of changing its regi pt the appointment as regi	stered
agent. I	am tamilia. Ih acar	789 on 60	7.0505, Florida Statutes.	-46.45 s.4 m	V-22-97	
SIGNATURE				****** / U		
12.		agent and lith if applicable	(NOTE Registered Agent signatu	ADDITIONS/CHANGES TO OFFI	DATE	140
TITLE	DPT		DELETE 1.1 THILE	DPTS		Addition
		L., 1	• ***	Dris Basista	Change	1 Acamon
NAME	TAMAYO, RONALD		1.2 NAME	TAMAYO RONALD HIY LONGSHADOWS WINTER SPRINGS,	Annet	
STREET ADDRESS	2800 OAK SHORE RD.		1.3 STREET ADDRESS	HIY LONGSHADOWS		
CITY-ST-ZIP	OVIEDO FL 32766		1.4 CITY - ST - ZIP	WINTER STRINGS,	FL 30108	
TITLE	S	X i	DELETE 2.1 TITLE	1	Change	Addition
NAME	MITCHELL, PATRICIA		2.2 NAME			
STREET ADDRESS	107 COUNTRY HILL DR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779		2.4 C(TY+S1-ZIP	ĺ		
TITLE			DELETÉ 3.1 TITLE		Change _	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			•
CITY-ST-ZIP			3.4 CITY-ST-ZIP	1		
TITLE		П	DELETE 4.1 TITLE		Change	Addition
NAME	1	<u></u> .	4. 2 NAME	1 -		
STREET ADDRESS						
]		4.3 STREET ADDRESS	`	:	
CITY-ST-ZIP			4.4 CITY - ST - ZIP DELETE 5.1 TITLE		100000	1 4 4 4 9 4 4
TITLE				•	Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	s		
CITY-ST-ZIP			5.4 CITY - ST - ZIP	1		
TITLE			DELETÉ 6.1 TITLE		☐ Change ☐	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	7					
CHILLOI-TH	1		6.4 CITY - ST - ZIP	İ		

I do hereby certify that the information supplied with this filing 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 is supplied 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 of 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 in all animent with an address.

4-22-9

Un7.819.0800