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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

FILED Apr 11 1997 8:00am Secretary of State

Principal Place of Business ** RICHARD KINDELL JR 4095 SHELLMAN ST ORLANDO FL 32811 ORLANDO FL 32811									
						3. Date Incorporated or Qualified 04/09/1990		te of Last 01/1996	
Principal F	lace of Business	2a. Mailing Add	fress			4. FEI Number	J 04/1		Applied For
		26				59-3007665		1	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #	t, etc			5. Certificate of Status Desired			Additional
City & Stal	lo	27 City & State				A 51-21-2 O-22-2-1-5	<u> </u>		Required
Gity & Otal	(4)	28				Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip		Country	,	8. This corporation has liability for			
	25	29	3	0] Yes [
	9. Name and Address of Cu	urrent Registered Agent			T	10. Name and Address of New Re	gistered /	Agent	
	idell Jr, richard 35 Shellman St			81	Name				
	LANDO FL 32811			82	Street Add	fress (P.O. Box Number is Not Acceptat	ole)		
0,1	D 11.00 1 2 0pu 1 1			83	 				
				84	0:10			TeeT 7:-	Code
				04	City		FL	85 Zip	Code
Pursuant office or agent. La						poration submits this statement for the pation's board of directors. I hereby acce		ointment a	is registered
GNATURE	Signature, typed or printed name of register	ed agent and ide if applicable S AND DIRECTORS	[NOTE: I	Registered Age		poration submits this statement for the pation's board of directors. I hereby accessired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIRECTO	DRS IN 12
GNATURE L	Signature typed or panied name of region OFFICERS	ed agent and ide if applicable S AND DIRECTORS		Registered Age 13. 1.1 TITLE		ired when reinstating)	DATE		DRS IN 12
GNATURE LE ME	Squeeze types or pented name of register OFFICERS D KINDELL, RICHARD JR	ed agent and ide if applicable S AND DIRECTORS	[NOTE: I	13. 1.1 TITLE 1.2 NAME	ent signature requ	ired when reinstating)	DATE	DIRECTO	DRS IN 12
GNATURE LE ME REET ADDRESS	Squeeze types or pented name of register OFFICERS D KINDELL, RICHARD JR	ed agent and ide if applicable S AND DIRECTORS	[NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ent signature requ	ired when reinstating)	DATE	DIRECTO	DRS IN 12
GNATURE LE ME	Styrence types or pented name of region OFFICERS D KINDELL, RICHARD JR 4095 SHELLMAN ST	ed agent and lete if applicable \$ AND DIRECTORS	[NOTE: I	13. 1.1 TITLE 1.2 NAME	ent signature requ	ired when reinstating)	DATE	DIRECTO	DRS IN 12
GNATURE LE ME HELADDRESS Y-S1-ZU	OFFICERS D KINDELL, RICHARD JR 4095 SHELLMAN ST ORLANDO FL D KINDELL, ERMA DELL	ed agent and lete if applicable \$ AND DIRECTORS	INOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ent signature requ	ired when reinstating)	DATE	DIRECTO Change	DRS IN 12
GNATURE LE ME BEET ADDRESS Y-S1-70'	OFFICERS D KINDELL, RICHARD JR 4095 SHELLMAN ST ORLANDO FL D KINDELL, ERMA DELL 4095 SHELLMAN ST	ed agent and lete if applicable \$ AND DIRECTORS	INOTE: I	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	ent signature raqui	ired when reinstating)	DATE	DIRECTO Change	DRS IN 12
GNATURE LE ME SHET ADORESS Y - S1 - 70" LE ME HEE1 ADORESS Y - S1 - 70"	OFFICERS D KINDELL, RICHARD JR 4095 SHELLMAN ST ORLANDO FL D KINDELL, ERMA DELL	ed agent and tole if applicable S AND DIRECTORS	INOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-	ant signature required for a possible of the state of the	ired when reinstating)	DATE	DIRECTO Change Change	DRS IN 12 Addition Addition
GNATURE LE ME SEELADDRESS Y-SI-ZIP LE ME GEELADDRESS Y-SI-ZIP LF	OFFICERS D KINDELL, RICHARD JR 4095 SHELLMAN ST ORLANDO FL D KINDELL, ERMA DELL 4095 SHELLMAN ST	ed agent and tole if applicable S AND DIRECTORS	INOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE	ant signature required for a possible of the state of the	ired when reinstating)	DATE	DIRECTO Change	DRS IN 12 Addition Addition
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GNATURE LE ME REFLADDRESS Y-S1-ZUP LE ME REELADDRESS Y-S1-ZUP LE ME REELADDRESS	OFFICERS D KINDELL, RICHARD JR 4095 SHELLMAN ST ORLANDO FL D KINDELL, ERMA DELL 4095 SHELLMAN ST ORLANDO FL	ed agent and tole if applicable S AND DIRECTORS	INOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.4 CITY- 3.1 TITLE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET	I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS	ired when reinstating)	DATE	DIRECTO Change Change	DRS IN 12 Addition Addition
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information and cause on this amount report or supplication and arrival report is true and accurate and that my signature shall have the same legal effect as it made under of Lam an officer or director of the corporation or the receiver or frustee 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 an attachment with an address.

SIGNATURE: