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

DOCUMENT #

(6)

DEMILE	I bhoinens conronki	ION											
Principal Plac	e of Business	М	ailing Add	ress					-	881 18888 MARI 1881 814			
230 SPARTAN MAITLAND FL			230 SPARTAN DR MAITLAND FL 32751-3430										
		······································		·					05/07/1990	rated or Qualified	!	e of Last F 8/1996	Report
2. Principal Place of Business			2a. Mailing Address						4. FEI Number				pplied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.						59-30093	43 · · ·			ot Applicable
22			27						5. Certificate of	Status Desired			Additional equired
City & State			City & State						6. Election Campaign Financing \$5.00 May Be				
23			28						Trust Fund Contribution Added to Fees				
Zip	Country		Zib			Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	29			30			Florida Statutes Yes No				
	9, Name and Address of Curre	ent Regie	tered Age	nt					10. Name and A	ddress of New Re	gistered A	gent	
	NETH, RICHARD H JR.					81	Мал	ne					
230 SPÄRTAN DR.						82	Stre	et Addre	dress (P.O. Box Number is Not Acceptable)				
MAI	TLAND FL 32751					83							· · ·
						03							
						84	City FI 85 Z					85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 6	:07 1508 E	lorida Statul	es the a]	-nam	ed corpo	oration submits this	statement for the r		hanging i	te rogietorod
office or t	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obli	to of Flori	da. Such c	hange was	authorize	od by	the c	orporation	on's board of directo	ors. I hereby acce	pt the appo	intment as	registered
SIGNATURE	in raminal with, and accept the obli	ganona o	ii, occion (307.0003, 710	JIIUA SK	atutoe	3.						
SIGNATURE	Signature, typed or printed name of registered a	gent and title	if applicable	(NO1	£: Rogister	ed Age	nt signa	ituro requiro	d when reinstating)		DATE		
12.	OFFICERS A	ND DIFFE		<u>-</u>	13.				ADDITIONS/CH	HANGES TO OFFIC			
TITLE	PV		L	J DELETE	1.1 1	IIILE					l	Change	L. Addition
NAME	BENNETT, RICHARD H JR.					NAME		Į					
STREET ADDRESS	230 SPARTAN DR.						ADDRES	SS					
CITY-ST-ZIP	MATLAND FL		-	DELETE	2.11	CITY - S	T - ZIP				r	Change	Addition
NAME	ST Bennett Jr, Richard H		L.] [/[[[NAME			,		·	t Change	Abdition
STREET ADDRESS	230 SOARTAB DR						ADDRES						
CITY-ST-ZIP	MAITLAND FL					CITY-S		53					
TITLE	MANUEL LE			DELETE	311		01-211					Change	Addition
NAME			•		3.21	AME		ł			_	_ •	<u>. </u>
STREET ADDRESS					3.3 9	STREET	ADDRES	SS .					
CITY-ST-ZIP					3.4.	CITY-S	T-ZIP						
TITLE				DELETE	4.1]	ITLE						Change	Addition
NAME					4. 2	NAMF							
STREET ADDRESS					4.3 5	TREET	ADDRES	SS			,		
CITY-ST-ZIP			,	1		HY-S	T - ZIP						
TITLE			L	DELETE	5.11						ł	Change	Addition
NAME						IAME							
STREET ADDRESS							ADDRES	is					
CITY-ST-ZIP		<u> </u>	···-	DELETE		(11Y - S)	T - 21P				т	T Ch	Addres -
TITLE			<u> </u>	I DELETE	6.1 T	HLt					ι	Change	Addition

14. I do hereby certify that the information sup-information indicated on this annual report I am an officer or director of the comporate appears in Block 12 or Block 13 in change lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

STREET ADDRESS

FILED

Jun 13 1997 8:00am

Secretary of State