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PROFIT CORPORATION ANNUAL REPORT

.1997

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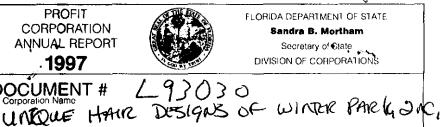
TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST- ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Glate DIVISION OF CORPORATIONS

Jun 09 1997 8:00am Secretary of State

Mailing Address Principal Place of Business 7523 HLOMA AUE SURIIZ 7523 ALOMA: A)E # 112 WINTER PARK P WINTER PARK, PP 3a. Date of Last Report d or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FREEMAN, PRANCES Name 7523 ALEMA ADE SLUTE 112 WINTER PARCH CP 32797. Street Address (P.O. Box Number is Not Acceptable) 83 64 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition DELETE 1,1 TITLE PRANCES FREEMAN 1.2 NAME NAME 1523 ALOMA AVE # 112 WINNER PARK FL 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE 2 i 101E Change Addition TITLE PATRICIA I KEATON 2.2 NAME NAME 1226 SOPHUE BIND 2 3 STREET ADDRESS STREET ADDRESS 2 4 CHY - \$1 - ZIP CITY-ST-ZIP DELETE Addition 3 1 100:1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - S1 - 21P CITY-ST-ZIP DELETE Change Addition TITLE 4.1.111LE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS C(TY-ST-7)P 4.4 CHIY - ST - 7/P

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the oN or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it is receiver or trustee empowered to execute this report as required by Chapter (07, Florida Statutes; and that my name get, or on an attachment with an address. 14. I do hereby

64 G TY - ST - ZIP

5.1.7fTLF 5.2 NAME

G 1 TITLE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 GHY+ \$1-7IP

DELETE

DELETE

FRANCES M. GREEMAN

407-671-2124

Change

adddasstoa<u>ea,</u>

-06/13/97--01003--029 ***165.00

Addition

___ Addit-on