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

DOCUM 1, Corporation N DISCO		` '						
Principal Place o	f Business	Mailing Address				## # 1 1	 	
1447 PINE HILLS RD ORLANDO FL 32808			8118 CANYON LAKE CR. 900 SUNNY DELL DR.					
US		US US			3. Date incorporated or Qualified 04/22/1988	3a. Date o	of Last Rep 5/01/19	
2. Principal Plac	e of Business	2a. Mailing Address	,		4. FEI Number 59-2888047		:	pplied For lot Applicable
Suite, Apt. #,	elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		•) May Be to Fees
3 Zp -1	Country	Zip 29	Coul	ntry	8. This corporation has liability for	intang/ble tax		
<u> </u>	25 g. Name and Address of Current		130		10. Name and Address of New I		gent	
	3. Raine 200 Addiese of Chilen			81 Name				
JOHNSTON, PAUL A.				82 Street	Address (P.O. Box Number is Not Acceptal	ole)		
8118 CANYON LAKE CR ORLANDO FL 32835				83		·		
				84 City		FL	85 Zip	Code
SIGNATURE _ s	gnature, typed or printed name of registered agent. OFFICERS AND		OTE: Registered	Agort signature r	equired when reinstatings ADDITIONS/CHANGES TO OF			
TITLE	PSD	☐ DELETE	1.17	ITcF	Q Tevq	3	Change	Addition
NAME	JOHNSTON, PAUL A.		1.2 N	AME .	Johnston, PAW, H			
STREET ADDRESS	8118 CANYON LAKE CR		1.3 S	TREET ADDRESS	Johnston, PAW A 8118 CAMPON NK CT.	25		
DITY - ST - ZIP	ORLANDO FL		1.4 0	11Y-S1-ZIP	Orlando, Fl. 3283		1 Chaone	☐ Addition
TULE	VT	DELETE	2 1 1			L] Change	☐ Youllon
NAME	JOHNSTON, PATRICIA A		22N					
STREET ADDRESS	8118 CANYON LAKE CR			TREET ADDRESS				
CITY-ST ZIP	ORLANDO FL	DELETE	3.11	ITY - ST - ZIP			Change	☐ Addition
TITLE			3 2 N				•	
NAME STREET ADORESS				STREET ADDRESS				
CITY-ST-ZIP				HTY-ST-7IF				
THE		☐ DELETE.	4. 1	TITLE] Change	Addition
NAME			421	AME				
STREET ADDRESS			435	TREE1 ADDRESS				
CITY - ST - 71P				OTY-ST-ZIP			7 05	["] Addition
TOLE		☐ DELETE		TITLE		L] Change	☐ Addition
NAME				IAME				
STREET ADDRESS				STREET ADDRESS				
CITY - ST- ZIP		דו אנונונ		DITY-ST-ZIP		- г	Change	Addition
Inte		DELETE		TIFLE		L	7 5 13119/2	
NAME				vame Street acidress				
STREET ADDRESS				STREET ALIDHESS SITY-ST-ZIP				
CITY - ST - ZIP	and it that the information a malied	with this films is voluntarily for			Light for the exemption stated in Section 11	9.07(3)(k), Flo	rida Statu	tes. I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K). Florida Statutes. I turner certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if in additionable report and that my signature shall have the same legal effect as if in additionable reports an additionable report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changing or on an attachment with an address. **SIGNATURE:** OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytmie Phone #

Date