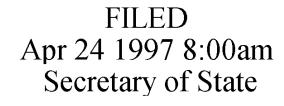
## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



COF	PROFIT RPORATION JAL REPORT 1997		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS						
	MENT # M		(5)						
Principal Place of Business 195 WEKIVA SPGS RD 220			Mailing Address 195 WEKIVA SPGS RD 220						
LONGWOOD F	L 32779		LONGWOOD FL 3277	/ <del>9-3</del> 623			3. Da		
2. Principal F	Place of Business	20	<b>2a.</b> Mailing Address		<del></del>		04 4. FE		
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Zip 24	Coun 25	ntry	Ζ(p <b>a</b> ]	30	ountry	'	8. Th		
	9. Name and Add ER, DANIEL ROBER	lress of Current Reg	istered Agent		81	Name	10. N		
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office or a agent. I a	to the provisions of Se registered agent, or bo im familiar with, and ac	ections 607.0502 and oth, in the State of Flo ocept the obligations	607,1508, Florida S orida Such change of, Section 607.050	Statutes, the was authori 05, Florida S	above red by tatutes	e-named the corp s.	corporation s coration's boa		
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Suite, Apt. #, etc.		2a. Mailing Address			4.	FEI Number	L	Applied For			
		26					59-2892626			Not Applicable	
			Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75 Additional Fee Required	
23	City & Stale		28	City & State				6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
24	Zip Country			Zip	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name	and Address of Current F	egis	tered Agent				10.	Name and Address of New Registered A	gent	
	ELZER, DANIEI					81	Name				
	232 CHURCHII LONGWOOD F					82	Streot Addre	ss (P	O. Box Number is Not Acceptable)		
						83					
						84	City		FL	85	Zip Code
44	Different to the provis	sione of Postione 607 0502 a	nd C	07 1500 Unrido Clatuto	on the o	hove	nomed cores	ration	n pulposite this statement for the purpose of	hone	ing its equiptored

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent a				_				
12.	OFFICERS AND D		Registered Agent signature requ	pured when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	;				
TITLE	CEO	DELETE	1.1 TITLE	Change Addition	<u>}}</u>				
NAME	ELZER, ROBERT R.		1.2 NAME	Control of the contro					
STREET ADDRESS	320 CYPRESS LANDING		1.3 STREET ADDRESS	•	8				
	LONGWOOD FL 32779		•		I				
CITY-ST-ZIP TITLE	LONGWOOD FL 32118	□ DFLE1E	1.4 CHY-ST-ZIP 2.1 THLE	Change Additi	6				
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	ELZER, DANIEL R.				}				
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TITLE	ST.	[ DECE 1E		T Change T Adult	an				
NAME	ELZER, MARTHA		3.2 NAME		-				
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CITY-ST-ZIP	LONGWOOD FL 32779		3.4. CITY-ST-ZIP						
TITLE	D	DELETE	4.1 TITLE	Change Addition	on				
NAME	ARROL, JOHN		4. 2 NAME						
STREET ADDRESS	2427 ALAMO GLEN		4.3 STREET ADDRESS		i				
City-St-ZIP	DANVILLE CA 94526		4.4 CHY-ST-ZIP						
TITLE	D	☐ DELETE	51 TITLE	Change Addition	on				
NAME	Banden, Gregory J.		5.2 NAME		- }				
STREET ADDRESS	659 BIRGHAM PL		5.3 STREET ADDRESS		İ				
CITY-ST-ZIP	LAKE MARY FL		5.4 CITY-ST-ZIP		1				
TITLE		DELETE	B.1 TITLE	Change Additi	an				
NAME			6.2 NAME						
, STREET ADDRESS			6.3 STREET ADDRESS						
					1				

14. 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or fig. attachment with an address.