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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(0)

| FILED |
|--------------------|
| Jan 16 1997 8:00am |
| Secretary of State |

| Principal Place of Business Mailing Address 542 CIDEMMILL PLACE LAKE MARY FL 32746 S42 CIDEMMILL PLACE LAKE MARY FL 32746 LAKE MARY FL 32746-3730 | | | | | | | |
|---|---|-------------------------------|------------------------|------------|--|----------------|------------------------------|
| materi ti | y leave | 7282 Snowfie 7 Lala Mary F | lds Ru | ^n | 3. Date Incorporated or Qualified | 3a. Date of Li | ast Report |
| MARKING | 7 | Lala Mary F | L 32 | 746 | 05/11/1988 | 01/29/19 | 96 |
| ···················· ` | ace of Business | za. Malling Address | | | 4. FEI Number | ļ | Applied For |
| Suite, Apt. # | B. e.o. | Suite, Apt #, etc. | | | 59-2821437 | | Not Applicable |
| 22 | n, etc. | 27 Suite, Apr. #, etc. | | | 5. Certificate of Status Desired | | 75 Additional ee Required |
| City & State | 9 | City & State | | | Election Campaign Financing Trust Fund Contribution | | .00 May Be ded to Fees |
| Zip | Country | Zip Zip | Countr | у | 8. This corporation has liability for | | |
| 24 | 25 | 29 | 30 | - | _ · | JYes 1 No | 30. a. 130.00E, |
| | 9. Name and Address of Current F | | 1007 | | 10. Name and Address of New Re | | |
| | CIDERIMILI PLACE 282 S, E MARY (FL 32746 Lake Ma | | 8: | City | ress (P.O. Box Number is Not Acceptal | FL 85 | Zip Code |
| agent I ar SIGNATURE 3 | Spruder: Speed or prinsed in Accordage larged agent a OFFICERS AND I | vst tille i againt able (NO: | cha | rd b.c | poration submits this statement for the judicial | DATE | OTORS IN 12 |
| NAME STREET ADDRESS CITY: ST-ZIP | GOBLE, BETH S., O.D. 542; OIDERMILL PLACE 282 LAKE MARY FL Lola. | | | T ADDRESS | | الله الله | ange Addition |
| TITLE NAME | LYNG MAINTE | DELETE | 2.1 TITLE 2.2 NAME | | | ☐ Cha | ange Addition |
| STREET ADDRESS | | | • | T ADORESS | | | |
| CITY - S1 - ZIP TITLE | | DELETE | 2 4 CITY 3 1 TITLE | - 51 - ZIP | | ☐ Cha | ange Addition |
| NAME | | | 3 2 NAM8 | | | _ 0/1 | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZiF TITLE | | DELETE | 3.4. CITY 4.1 TITLE | | | Cha | ange Addition |
| NAME | | L. Dicere | 4. 1 113LE | l | | One | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY - ST - ZIP | | | 4 4 CITY | l l | | | |
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| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY | | | | |
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| NAME | | | 6.2 NAME | 1 | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY- | į | | | |
| QUITOUZIF | | | | | d in Section 119.07(3)(i), Florida Statute | | |

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 oath; 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 12 or Block 13 of changed, or on applicationment with an address.

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

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