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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of Mail Andrews

97 OCT 22 PM 3:51

SECRETARY OF STATE

	Name  FUSSELMAN	IVI8684C I, O.D., P.A.	•	(9)				118811881			FLORIC	<b>-</b>	
		···											
Principal Plac	e of Business	Mailing Add	Mailing Address					181   FETTE BILD: 1811  ETELS		Olais missie Millis	DIBIL IND		
6663 CRENSHA ORLANDO FL			663 GRENSHAW DR ORLANDO FL 32835										
			00					3. Date Inc. 06/20/	orporated or Qualific	l	ate of Last R /15/1996	leport	
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Num				oplied For		
21			26					59-28	98541		No	ot Applicable	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				5. Certifica	te of Status Desired		,	Additional equired		
City & State	c	City & S	City & State					6. Election Campaign Financing \$5.00 May Be					
23			28				Trust Fund Contribution						
Zip	L, <sup>c</sup>	ountry	Zip		Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	9. Name and Address of		29		[30]			Florida Statutes Yes No 10. Name and Address of New Registered Agent					
			Medistered wa	ent		81	Name	10, Name a	IIG AGGRESS OF NEW	negistered	муели		
	NGSTON, EDWA	RD M.			Ĺ		Tyerric						
	ELLEN DR.					Street Ac	ect Address (P.O. Box Number is Not Acceptable)						
WIN	TER PARK FL 32												
					Į	83 84	City				or Zin	Code	
					f	- 1	City			FL	.	Code	
11. Pursuant office or ragent. La	to the provisions of registered agont, or im familiar with, and	Sections 607.0502 r both, in the State of d accept the obliga	and 607.1508, of Florida. Such lions of, Section	Florida Statut change was 607.0505, Flo	es, the ab authorized orida Stati	ove- l by utes.	named co the corpo	orporation submits ration's board of c	this statement for th directors. I hereby ac	e purpose o cept the app	of changing it	s registered registered	
SIGNATURE													
12.	Signature, typed or printe	OFFICERS AND		. (NO1	E Registered	Agon	it signature re	quired when reinstating)	S/CHANGES TO OF	DATE EICERS ANI	DIRECTOR	S IN 12	
TITLE	PSD	OF FIGURE		DELETE	1.1 10	I F		ADDITIO	NO/CHANGES TO OF	FICENS AIV	Change	Addition	
NAME						1.2 NAME			$\mathbf{z}$	220			
STREET ADDRESS 6663 CRENSHAW DRIVE				1.3 ST			ADDRESS		700002329667 9 3 10/27/9701008024				
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NAME	FUSSELMAN,	JOHN K. O.D.		22								1	
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CITY-ST-ZIP				6.4 CITY- ST-						l	ı	]	
	ou portify that the in	dormatico ounalisat	with this filing of	lone not qualit				ad in Castion 110	07/2\/i) Florida Stati	stoo I furtho		45.0	

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 oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or of an attachment with an address.