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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M87782

WITT'S BUSINESS INFORMATION, INC.

Principal Place of Business
1008 N. Hoagland Blvd.

Mailing Address 1008 N. Hoagland Blvd. APPROVED AND

1997 JUL 21 MI 11: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	immee, FL	34741	Kissi	mee,	FL 3	474	1 7				
US			US				3. Pay 2 140/18 ged or Qualified 3a. Date of Last Report 6/27/96				
2. Principal f	Place of Business	2a. Mailing Ad	dress				4. FEI Number	<u> </u>		oplied For	
21			26					59-2896639 Not Applicat			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	te		City & State	ė	····			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Co	unlry	Zip		Count	ry		8. This corporation has liability for in	ntangible t		. 199.032,
		dress of Current		t	1551			10. Name and Address of New Re			
Tohn	Lester Wi				8	1 Na	me				
	N. Hoagla			la	Sir	eet Addre	ess (P.O. Box Number is Not Acceptab	le)			
	immee, FL	•		ľ		CCC ACCIN	and (i.e. box remitted is not Accepted	ie,			
VIPPI	rumee, rb	34741			8	3					
					8	4 Crt	ν			85 Zip	Code
						Ш.,	, 		<u>FL</u>		
office or agent. I s	registered agent, or l am familiar with, and	ooth, in the State of accept the obligati	f Florida. Such cha ons of, Section 60	ange was 07.0505, FI	authorized orida Statut	yu-nai by the es.	corporati	oration submits this statement for the p on's board of directors. I hereby accep	t the appo	intment as	registered registered
SIGNATURE	Signature typed or printed	name of registered agent	and title if applicable	(NO	It: Registered A	gent sign	ialure require	ed when reinstating)	DATE		
12.		OFFICERS AND	DIRECTORS		13.		····	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	PD			DELE1£	1.1 11116		V	PD		Change	X Addition
NAME	Witt, Joh	n Lester	r, Jr.		1.2 NAM	:	W:	PD itt, John Lester,	SR.		
STREET ADDRESS	1008 N. I	loagland	Blvd.		1.3 STRE	T ADDR	ss 1 (008 N. Hoagland B	lvd.		
CITY-ST-ZIP	Kissimmee	FL 34	741		1.4 CITY	S1-20P	K	issimmee, FL 347			
TITLE	STD			DELETE	2.1 11161				[Change	☐ Addition
NAME	Witt, Mar	y Husbar	ad		2 2 NAM	:					
STREET ADDRESS	1008 N. I	loagland	Blvd.		2 3 S1RE	ET ADUR	ESS				
CITY-ST-ZIP	Kissimee,		7.4.1		2 4 0111						
TITLE	•		Ш	DELETE	3.1 1018				l	Change	Addition
NAME					3 2 NAM						
STREET ADDRESS					3 3 STRE		1	والتان والتدو ولتدو ولتدو والتدو		"- s ^{arr} a a ^{rra} a fi	
CITY - ST - ZIP	 			DELETE	3.4 City		-	500002 -07/24	<u> </u>	भ == । सारकाटान	
TITLE			 	DEFEAT	41 1111		-	7:7:7:7:7:7:7:7:7:7:7:7:7:7:7:7:7:7:7:	YJITT RK NO	#ு. சார். சு. பிர்வியில் இ	165.00
NAME					4 2 NAM			नःकःकःकः ‡	ບລ.ບບ	कन्मकर	4100.UÜ
STREET ADDRESS	Į				43 STRE		199				
CHY-ST-ZIP TITLE				DELETE	4.4 CHY 5.1 TITLE					Change	Addition
NAME			L.J	OLLLIL	5 2 NAM					onunge	roome
STREET MODRESS					5 2 NAW		:50				
=					5.4 CITY						
CITY-ST-ZIP TITLE			П	DELETE	6.4 UTL					Chande	Addition
NAME			٥	/-	62 NAM		- 1			_ \ X	T
STREET ADDRESS					63 SIRE		FSS			$\mathcal{A}\mathcal{C}_{\mathcal{C}}$	2114 '
CITY-ST-ZIP					64 City					N	U.
UIT-SI-BP	<u> </u>				0.4 011 Y	51-711,			_	••	

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 eath. 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

407-933-0066