## 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 DOCUMENT #

M93378

(1)

1. Corporation F AN	on Name ND F ENTERPRISES OF OF	RLANDO, INC.	•		
Principal Plac	ce of Business	Mailing Address			
5316 INDIAN CREEK DR. 5316 INDIAN CREEK DF ORLANDO FL 32811 ORLANDO FL 32811			·-	ı.	
				3. Date incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For	
<u> </u>		26		<b>59-2902743</b> Not Applicate	
Suite, Apt	f. #, etc.	Suite, Apt. #, etc	G.	5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Sta	ate	City & State		Election Campaign Financing \$5.00 May Be	
:3	•	28		Trust Fund Contribution Addled to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032,	
4	25	29	30	Florida Statutes 👿 Yes 🗌 No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent	
MOLE	FAVE 111		81 Name	De la companya de la	
NIBLETT, FAYE, W 5316 INDIAN CREEK DR.			82 Stree	et Address (P.O. Box Number is Not Acceptable)	
	INDIAN CHEER DR. INDO FL 32811		83		
UNLA	MDO PL 32011				
			84 City	FL 85 Zip Code	
or registe	I to the provisions of Sections 607.05 ered agent, or both, in the State of Flo with, and accept the obligations of, Se	orida. Such change was auti	horized by the corporation!	corporation submits this statement for the purpose of changing its registered of n's board of directors. I hereby accept the appointment as registered agent. I am	
SIGNATURE					
12.	Signature, typed or printed name of registered ag	ent and tife if applicable  AND DIRECTORS	(NOTE: Registered Agent signature	ure required when reinstating):  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T D	DELETE	1. 1 TITLE	Change	
NAME	NIBLETT, FAYE W.	-	1.2 NAME		
STREET ADDRESS	5316 INDIAN CREEK DR.		1.3 STREET ADDRESS	ss :	
CHY-ST-ZIP	ORLANDO FL		1.4 CrTY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	55	
CITY - ST - ZIP		DELETE	2.4 C/TY-ST-ZIP	Channa C Addition	
PITCE NAME		["] peccie	3. 1 TITLE 3.2 NAME	Change Additio	
name Street address			3.3 STREET ADDRES	222	
CITY - ST - ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change Additio	
NAME			4.2 NAME		
STREET ADDRESS	3		4.3 STREET ADDRESS	ss	
CITY - ST - ZIP			4.4 C-TY-ST-ZIP		
THILF		DELETE	5 1 TITLE	Change Additio	
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS	55	
CITY - ST - ZIP TITLE		DELETE	5.4 C/TY - ST - ZIP 6. 1 TITLE	Changa Additio	
NAMÉ		Place	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	ss	
DITY - ST - ZIP			6.4 D/TY-ST-ZIP		
14. I do here certify th oath; tha	iat the information indicated on this ar	nnual report or supplemental poration or the receiver or tr	furnished and does not quantual report is true and austee empowered to exec	qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further accurate and that my signature shall have the same legal effect as if made undecute this report as required by Chapter 607, Florida Statutes; and that my name	

SIGNATURE:

Taye W. Millett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 (407)422-7373

CR2E034 (12/95