NONPROFIT CORPORATION ANNUAL REPORT,

1998

DOCUMENT # MIASIY



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILE NOW: FILING FEE IS \$61.25 FLORIDA DEPARTMENT OF STATE

FILED May 12 1998 8:00am Secretary of State

1. Corporati			Ti- 4	İ	
Asso	ciation of the En	MS Froviders,	1-nc.		
Principal Plac	ce of Business	Mailing Address			
オフィフ	5. Conway Road	(Same)		3. Date Incorporated or Qualified	 -
		, j		11/27/85	ł
Orlan	do, Fl. 32812			4. FEI Number	Applied For
				592566585	Not Applicable
2. Principal I	Place of Business	2a, Mailing Address			00.75
21 371	7 S. Conway Rd.	26 3717 5. Con	nuar Rd.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apl	#. etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & Sta		City & State	_ ,	7. Is this nonprofit corporation a he	
23 Or 10 Zip	Country	Zip Orlando	Country		Yes 🔼 No
24 328	·	29 32812	30 L LSA	This corporation owes or has path Personal Property Tax due June	
24 - 7 -	9. Name and Address of Current	120	30] - (1	10. Name and Address of New Re	
			81 Name		
	na Mins		Street /	Address (DO Bay Number is Not Assentate	2(2)
3717	S. Conway Rd.		02 Street A	82 Street Address (P.O. Box Number is Not Acceptable)	
Octo	d = F' / -		83		
J. (207)	do, E1. 32812		84 City	<u> </u>	85 Zip Code
			G4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above-named	corporation submits this statement for the poration's board of directors. I hereby acceptions	ourpose of changing its registered
onice of	am familiar with, and accept the obligati	ione of Socion 617 0503 Fig	allighted by the corp	orations board of directors, Thereby accep	or the appointment as registered
e βeiπ is		10113 01, 0001/011 017,0000, 110	nua statutes.	,	
SIGNATURE	Sceence men	2) Leeanna	Mims	4/2719	8
SIGNATURE	Signature typed or printed dame of tog stored agent	and title if applicable (NOTE	Mims Registered Agent signature	fequired when re-ristating)	DATE
SIGNATURE	Signature typed or printed name of registered agent OF LICERS AND	and title if applicable (NOTE	Registered Agent signature	required when re-ristalling) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature typed or printed dame of tog stored agent	and title if applicable (NOTE	Registered Agent signature 13. 1.1 TITLE	required when reinstalling) ADDITIONS/CHANGES TO OFFICE Preside mit-	DATE
SIGNATURE 12. TITLE NAME	Signature typed or printed name of registered agent OFFICERS AND Preside not Subject to Simon	and title if approaching (NOTE DIRE CTORS	Rog sterod Agen: signature 13. 1.1 TITLE 1.2 NAME	required when reinstalling) ADDITIONS/CHANGES TO OFFICE President- James Terry	CERS AND DIRECTORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Signature typed or protect name of registered agent OFFICERS AND Preside nt boket t Sims 3717 South Compay Rd. Orlando, Fil. 32812 Itt Yice President Pay Colburn	and title if approaching (NOTE DIRECTORS DELETE	Rog stered Agen: signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	required when reinstalling) ADDITIONS/CHANGES TO OFFICE President- James Terry	DATE CERS AND DIRECTORS IN 12 TY Change Addition
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14. I 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 suppremental 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

407-805-0242