	FILE N	DW: FILIN	IG FEE IS \$6 ⁻	1.25)						
NONPROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS								
DOCUMENT # N31876											
· ·		ROUNDTABLE	• •								
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Principal Plac	e of Business		Mailing Address		·						
WADE JOHNSON 118 E JEFFERSON ST ORLANDO F 32801 US			WADE JOHNSON 118 E JEFFERSON ST ORLANDO FL 32801 US				3. Date Incorporated or Qualified	3a. Date	of Last Report		
2. Principal P	lace of Business		2a. Mailing Address				04/21/1989 4. FEI Number		/01/1995		
21 201 Suite, Apt.	lace of Business ael Neukamr E. Pine St	n #1200	26 Michael Neu 201 E. Pine	kamn St.	↓#1 20	٥	59-2951012		Applied For Not Applical		
22	-		Suite, Apt. #, etc.			<u></u>	5. Certificate of Status Desired		8.75 Additional Fee Required		
·····	ndo, FL		City & State 28 Orlando, FI	ı			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24 3280	1 25	untry USA	Zip 29 32801		untry SA		8. This corporation has liability for in Florida Statutes	itangible tax u Yes 🕱 No	nder s. 199.032,		
	9. Name and A	ddress of Current R	egistered Agent		81 Name	······	10. Name and Address of New Re				
	N, WADE						nael Neukamm s (P.O. Box Number is Not Acceptable				
118 E JEFFERSON ST 11TH FLOOR					83	201	E. Pine St., Suite				
	DD FL 32801							·····	_		
11 Purevant i	to the provisions of F	Cations 617 0500 an			84 City	Orla	ando	and the second se	5 Zip Code 32801		
or register familiar wi	red agent, or both, in ith, and aposot the o	the State of Florida. I bligators of Section	0 617.1508, Florida Statutes Such change was authorized 617.0503, Florida Statutor	, the abo by the	ove-named c corporation's	s board	on submits this statement for the purp of directors. I hereby accept the appoi	ose of changir ntment as regi	ng its registered off istered agent. I am	ice	
SIGNATURE	17 mars	WWWWW	M Mich	ael 1	E. Neu) Agent signature	amm	Y- 34	2-96			
12.	signature, typed or printed r	of FICERS AND D	itle if applicable. (NOTE	Registered	Agent signature	required wi	ADDITIONS/CHANGES TO OFFIC	DATE			
TITLE NAME		`i	[]] DELETE	1.1 T	TLE	1			hange Addition	(12/95)	
STREET ADDRESS	KELLY, KYLE 865 S.R. 434	1		1.2 N	ame Ireet address		Ellen Ross	41. 010	•	37	
CITY+ST-ZIP	ALTAMONTE S	PRINGS FL			TY-ST-ZIP) S. Orange Ave., Su ando, FL 32801	1te 210	0	2E037	
TITLE NAME	pd Johnson, Wa	Dr.	DELETE	2.1 T(x] C	nange 🔲 Addition	┈┈	
STREET ADDRESS		ie ave., 11th flo)ÓR	2.2 N	NME Reet address	1	hael Neukamm	1000			
CITY-ST-ZIP	ORLANDO FL				ITY-ST-ZIP		E. Pine St., Suite ando, FL 32801	1200			
TITLE NAME	sd Vercheski, ai	NNC .	DELETE	3.1 TI				K] CI	nange 🔲 Addition		
STREET ADDRESS	501 N ORANGI			3.2 N/ 3.3 S1	ime Reet address		nne Miliotes	1ta 010	0		
CITY-ST-ZIP	ORLANDO FL				TY-ST-ZIP		S. Orange Ave., Su ando, FL 32801	tce 210	U		
TITLE NAME	td Brown, stevi	F	DELETE	4.1 TJ				n 🗆	ange 🔲 Addition		
STREET ADDRESS	200 E ROBINS			4.2 N 4.3 ST	ame Reet address						
CITY-ST-ZIP	ORLANDO FL				TY-ST-ZIP						
TITLE			DELETE	5.1 11				Ch Ch	ange [] Addition	7	
STREET ADDRESS				5.2 NA 5.3 ST	me Reet address					[
CITY-ST-ZIP			<u></u>		Y-ST-ZIP						
TITLE			DELETE	6.1 TIT				Ch	ange 🔲 Addition	-	
STREET ADDRESS				6.2 NA 6.3 ST	me Reet address						
CITY-ST-ZIP	conting that the infer	aston our Post Mar		64 CD	V. ST. 71P						
oath: that I	am an officer or dire	ctor of the corporatio	port or supplementar annual	TOPOIL IS	ioes not qua	alify for th curate a	ne exemption stated in Section 119.07 nd that my signature shall have the sa	(3)(k), Florida S me legal effec	Statutes. I further t as if made under		
appears in Block 12 or Block 13 if changed, or on an attackment with an address.											
SIGNATURE:											
	BigMatuRe and typeD or PRINTED/AME OF SIGNING OFFICER OR DIRECTOR Michael E. Neukamm, President Date Date Date De										