FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

Mar 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	n Name	# N4045 Ins against dru	•)								
Principal Place of Business Mailing Address							{					
C/O CONSTAN 2480 CRAWFOR SANFORD FL 3	CE ANDERSO		C/O CONSTANCE ANDERSON 2480 CRAWFORD DR. SANFORD FL 32771-8465									
								 Date Incorporated or Qua 10/18/1990 	dified	3a. D	ate of Las 03/11/1	Report 996
2. Principal Place of Business			2a. Malling Address					4. FEI Number Applied For				Applied For
21			26				59-3107070 Not Applicable					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desire	ed			Additional Required
City & State			City & State	City & State				6. Election Campaign Finance	cina			
23	•		28					Trust Fund Contribution				May Be
Zip		Country	Zip		Count	ry		8. This corporation has liabil	lity for in	tangible		
24		25	29	30]			Florida Statutes			X No	
	9. Name	and Address of Current	t Registered Agent				_	10. Name and Address of N	ew Regi	istered	Agent	
					8	Name	Э					
BYRD, RAY 142 CARVER AVE. SANFORD FL 32771							t Addre	dress (P.O. Box Number is Not Acceptable)				
												
SANFOR	10 FL 32//	•			8:							
					84	City				FL	85 2	p Code
11. Pursuant	to the provis	ions of Sections 617.0502	2 and 617.1508, Florida	Statutes,	the abo	. Lve-name	d corpo	ration submits this statement fo n's board of directors. I hereby	r the pu		f changing	its registered
office or r	registered ag	cent, or both, in the State	of Florida, Such change,	MIDC OUT				n's board of directors. I becoby	anannt	the and	nointment	no registered
l agent. I a	ım familiar wi	ith, and accept the obliga	tions of Section 617.050	was aut 03. Florid	la Statute	by the co es.	rporatio	in a board or directors, a nereby	accept	uio app	JOHRITIOTIC	as rogistorea
_	ım f am iliar wi	ith, and accept the obliga	ations of, Section 617.050	03, Florid	la Statute	by the co es.	грогано	ins goald of directors, Frieleby	accept	iiio api	301111111111111111111111111111111111111	us registered
SIGNATURE	ım familiar wi	ith, and accept the obligator of a printed name of registered ager	nt and fille if applicable.	03, Florid	la Statute	əs.		When reinstaling)	···	DATE		
SIGNATURE	im familiar wi	ith, and accept the obliga	ations of, Section 617.050 int and title if applicable. D DIRECTORS	03, Florid	la Statute	9\$. geni signalu	re required		···	DATE	D DIRECT	ORS IN 12
SIGNATURE . 12. TITLE	Signature, typed	ith, and accept the obligation of printed name of registered agent OFFICERS AND	nt and fille if applicable.	03, Florid	egislered A	9S. geni signalu	rre required	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE		ORS IN 12
SIGNATURE . 12. TITLE NAME	Signature, typed DP BYRD, F	ith, and accept the obligation of printed name of registered age. OFFICERS AND	ations of, Section 617.050 int and title if applicable. D DIRECTORS	03, Florid	egisiered Ar 13. 1.1 TITLE 1.2 NAME	98. geni signalu	rre required	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE	D DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed DP BYRD, F 142 CAI	ith, and accept the obligation of printed name of registered ager OFFICERS AND RAY RVER AVE	ations of, Section 617.050 int and title if applicable. D DIRECTORS	03, Florid	egislered Ap 13. 1.1 TITLE 1.2 NAME	ent signatu	rre required	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE	D DIRECT	ORS IN 12
SIGNATURE . 12. TITLE NAME	Signature, typed DP BYRD, F	ith, and accept the obligation of printed name of registered ager OFFICERS AND RAY RVER AVE	ations of, Section 617.050 int and title if applicable. D DIRECTORS	(NOTE: Re	egisiered Ar 13. 1.1 TITLE 1.2 NAME	geni signalu geni signalu ET ADDRESS ST-ZIP	rre required	When reinstaling)	OFFICE	DATE	D DIRECT	ORS IN 12 e 🔏 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed DP BYRD, F 142 CAI SANFOR	ith, and accept the obligation of printed name of registered ager OFFICERS AND RAY RVER AVE	ations of, Section 617.050 in and fille if applicable. D DIRECTORS DELET	(NOTE: Re	egislered Ar 13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent signatu gent signatu ET ADDRESS ST-ZIP	rre required	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE	D DIRECT	ORS IN 12 e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP BYRD, F 142 CAI SANFOI DV ANDERS 2480 CF	ith, and accept the obligation of printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR.	ations of, Section 617.050 in and fille if applicable. D DIRECTORS DELET	(NOTE: Re	egislered Ap 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 City- 2.1 TITLE 2.2 NAME	gent signatu gent signatu ET ADDRESS ST-ZIP	D JAI 29/ 5A	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE	D DIRECT	ORS IN 12 e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BYRD, F 142 CAI SANFOI DV ANDERS 2480 CF SANFOI	ith, and accept the obligation of printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR.	ations of, Section 617.050 in and fille if applicable. D DIRECTORS DELET	O3, Florid	a Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREI 14 CITY 21 TITLE 22 NAME 2.3 STREE 2.4 CITY	gent signaturent s	D JAI 29/ 5A	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE	D DIRECT	ORS IN 12 e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP BYRD, F 142 CAI SANFOR DV ANDERS 2480 CF SANFOR DT	ith, and accept the obligation of printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR. RD FL	ations of, Section 617.050 in and fille if applicable. D DIRECTORS DELET	(NOTE: Re	egislered Ar 1.3. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	gent signaturent s	D JAI 29/ 5A	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE	D DIRECT	ORS IN 12 e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP BYRD, F 142 CAI SANFOR DV ANDERS 2480 CF SANFOR DT PERKINS	ith, and accept the obligation of printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR. RD FL S, LOUISE	ations of, Section 617.050 in and fille if applicable. D DIRECTORS DELET	(NOTE: Re	a Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME	es. T ADDRESS ST-ZIP T ADDRESS -ST-ZIP	D JA1 291 SA	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE RS ANI	D DIRECT	ORS IN 12 e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP BYRD, F 142 CAI SANFOR DV ANDERS 2480 CF SANFOR DT PERKINI 2351 BF	ith, and accept the obligation of printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR. RD FL S, LOUISE RISSON AVE.	ations of, Section 617.050 in and fille if applicable. D DIRECTORS DELET	(NOTE: Re	a Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 City- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE	es. Et address St-zip Et address -St-zip Et address	D JA1 291 SA	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE RS ANI	D DIRECT	ORS IN 12 e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	DP BYRD, F 142 CAI SANFOR DV ANDERS 2480 CF SANFOR DT PERKINS 2351 BF SANFOR	ith, and accept the obligation of printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR. RD FL S, LOUISE RISSON AVE.	ations of, Section 617.050 intend fille if applicable. D DIRECTORS DELET DELET	(NOTE: Re	a Statute a Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY	ess. T ADDRESS ST-ZIP T ADDRESS -ST-ZIP T ADDRESS -ST-ZIP T ADDRESS -ST-ZIP	D JA1 291 SA	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE RS ANI	D DIRECT Chang	ORS IN 12 e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP BYRD, F 142 CAI SANFOR DV ANDERS 2480 CF SANFOR DT PERKINI 2351 BF SANFOR D	ith, and accept the obligation of printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR. RD FL S, LOUISE RISSON AVE. RD FL	ations of, Section 617.050 in and fille if applicable. D DIRECTORS DELET	(NOTE: Re	a Statute egisiered Ai 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 City- 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE	ess. TADDRESS ST-ZIP TADDRESS -ST-ZIP	D JA1 291 SA	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE RS ANI	D DIRECT	ORS IN 12 e Addition e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP BYRD, F 142 CAI SANFOR DV ANDERS 2480 CF SANFOR DT PERKINI 2351 BF SANFOR D JACKSO	ith, and accept the obligation printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR. RD FL S, LOUISE RISSON AVE. RD FL DN, JOHNELL	ations of, Section 617.050 intend fille if applicable. D DIRECTORS DELET DELET	(NOTE: Re	a Statute egisiered Ai 13. 1.1 TITLE 1.2 NAME 1.3 STREI 14 CHY- 21 TITLE 2.2 NAME 2.3 STREE 2.4 CHY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CHY 4.1 TITLE 4.2 NAME	er Address -ST-ZIP -ST-ZIP -ST-ZIP -ST-ZIP -ST-ZIP -ST-ZIP	D JAI 29/	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE RS ANI	D DIRECT Chang	ORS IN 12 e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP BYRD, F 142 CAI SANFOR DV ANDERS 2480 CF SANFOR DT PERKINI 2351 BF SANFOR D JACKSC 2371 W	ith, and accept the obligation printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR. RD FL S, LOUISE RISSON AVE. RD FL ON, JOHNELL ATER ST	ations of, Section 617.050 intend fille if applicable. D DIRECTORS DELET DELET	(NOTE: Re	a Statute egisiered Ai 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.3 NAME 4.3 STREE	es. TADDRESS ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS	D JAI 29/	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE RS ANI	D DIRECT Chang	ORS IN 12 e Addition e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP BYRD, F 142 CAI SANFOR DV ANDERS 2480 CF SANFOR DT PERKINI 2351 BF SANFOR D JACKSO	ith, and accept the obligation printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR. RD FL S, LOUISE RISSON AVE. RD FL ON, JOHNELL ATER ST	ations of, Section 617.050 intend fille if applicable. D DIRECTORS DELET DELET	(NOTE RE	a Statute egisiered Ai 13. 1.1 TITLE 1.2 NAME 1.3 STREI 14 CHY- 21 TITLE 2.2 NAME 2.3 STREE 2.4 CHY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CHY 4.1 TITLE 4.2 NAME	ess. TADDRESS ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP	D JAI 29/	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE RS ANI	D DIRECT Chang	ORS IN 12 e Addition e Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BYRD, F 142 CAI SANFOR DV ANDERS 2480 CF SANFOR DT PERKINI 2351 BF SANFOR D JACKSC 2371 W SANFOR SD WILLIAM	ith, and accept the obligation printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR. RD FL S, LOUISE RISSON AVE. RD FL ON, JOHNELL ATER ST RD FL IS, DELORIS	Ations of, Section 617.050 Intend file of applicable. D DIRECTORS DELET DELET	(NOTE RE	a Statute egisiered Ai 13. 1.1 TITLE 1.2 NAME 1.3 STREI 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY 4.1 TITLE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY	ess. TADDRESS ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP	D JAI 29/	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE RS ANI	D DIRECT Chang Chang	ORS IN 12 e Addition e Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP BYRD, F 142 CAI SANFOR DV ANDERS 2480 CF SANFOR DT PERKINI 2351 BF SANFOR D JACKSC 2371 W SANFOR SD WILLIAM 2551 BY	ith, and accept the obligation printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR. RD FL S, LOUISE RISSON AVE. RD FL ON, JOHNELL ATER ST RD FL IS, DELORIS (RD ST	Ations of, Section 617.050 Intend file of applicable. D DIRECTORS DELET DELET	(NOTE RE	a Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 CITY 4.1 TITLE 4.2 NAM 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME	ess. TADDRESS ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP	D JAI 29/ SA	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE RS ANI	D DIRECT Chang Chang	ORS IN 12 e Addition e Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BYRD, F 142 CAI SANFOR DV ANDERS 2480 CF SANFOR DT PERKINI 2351 BF SANFOR D JACKSC 2371 W SANFOR SD WILLIAM	ith, and accept the obligation printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR. RD FL S, LOUISE RISSON AVE. RD FL ON, JOHNELL ATER ST RD FL IS, DELORIS (RD ST	DELET DELET DELET	(NOTE RE	a Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 NAM 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY	ess. TADDRESS ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP	D JAI 29/ SA	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE RS ANI	D DIRECT Chang Chang Chang	ORS IN 12 e
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP BYRD, F 142 CAI SANFOR DV ANDERS 2480 CF SANFOR DT PERKINI 2351 BF SANFOR D JACKSC 2371 W SANFOR SD WILLIAM 2551 BY	ith, and accept the obligation printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR. RD FL S, LOUISE RISSON AVE. RD FL ON, JOHNELL ATER ST RD FL IS, DELORIS (RD ST	Ations of, Section 617.050 Intend file of applicable. D DIRECTORS DELET DELET	(NOTE RE	a Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 STREE 4.2 NAM 4.3 STREE 4.2 NAM 4.3 STREE 5.1 TITLE 5.2 NAME 5.4 CITY 6.1 TITLE 6.1 TITLE	ess. TADDRESS ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP	D JAI 29/ SA	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE RS ANI	D DIRECT Chang Chang	ORS IN 12 e
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BYRD, F 142 CAI SANFOR DV ANDERS 2480 CF SANFOR DT PERKINI 2351 BF SANFOR D JACKSC 2371 W SANFOR SD WILLIAM 2551 BY	ith, and accept the obligation printed name of registered ager OFFICERS AND RAY RVER AVE RD FL SON, CONSTANCE RAWFORD DR. RD FL S, LOUISE RISSON AVE. RD FL ON, JOHNELL ATER ST RD FL IS, DELORIS (RD ST	DELET DELET DELET	(NOTE RE	a Statute 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 3.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 NAME 4.3 STREE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY 6.1 TITLE 6.2 NAME 6.1 TITLE 6.2 NAME	ess. TADDRESS ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP TADDRESS -ST-ZIP	D JAI 29/	when reinstalling) ADDITIONS/CHANGES TO	OFFICE	DATE RS ANI	D DIRECT Chang Chang Chang	ORS IN 12 e

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 roport or supplemental annual roport 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.