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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	N47	849
 Companyion Manage 			

(7)

2. Pencipal Place of Business 2a, Mailing Address 2b, Mailing Address 2c 3a, Date of Business 2a, Mailing Address 2b 3a, Date of Business 2a, Mailing Address 2b 3a, Date of Business 2a, Mailing Address 2b 3a, Date of Business 2b 3a, Date of Business 2b, Mailing Address 2b,	Principal Place	THOMAS W. MILLER, JR. FC DE OF BUSINESS YORK AVE RK FL 32789	Mailing Address P O BOX 1779 SOTE 203						
Sulfu, Apt. 4, etc. 22				.		03/12/1992			
Suite, Aguil, etc. Suite,	2. Principal F	Place of Business	— ·					\rightarrow	
Clay & State	Suite, Apt 22	. #, etc.	├ ──			5. Certificate of Status Desired		\$8.75	5 Additional
Zop Country Zop Country S. This composition has lability for intergoble to under s. 190 032, 281 28 380	City & Sta	te	 					\$5.0	May Be
Solution	Zip 24	<u> </u>				8. This corporation has liability for		under s.	
MILLER, T WILLIAM JR 245 N NEW YORK AVE SUITE 293 - WINTER PARK FL 32789 80 60 City FL 80 60 City FL 80 60 City FL 80 FL		9. Name and Address of Currer	t Registered Agent			 L			
245 N NEW YORK AVE SUFFE 203 - WINTER PARK FL 32789 ### City				81	Name				
WINTER PARK FL 32789 84 City FL 85 Zp Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office ramial with chalgations of Section 617.0502. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office familiar with chalgations of Section 617.0502. Florida Statutes. SIGNATURE	245 N I	NEW YORK AVE			Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
Fig. 68 59 50 50 50 50 50 50 50									
SIGNATURE Square bood or priest here deligations of Section 617.0503, Florida Statutes. NOTE Registered Agent layalize record delectors. Thereby accept the appointment as registered agent. I am facility of the priest facility o				1 1	•		-		
12	familiar w			, the above n by the corpo	named corpo pration's boa	oration submits this statement for the pure and of directors. I hereby accept the app	pose of chang pintment as reg	ing its registered	egistered office agent. I am
TRUS				: Registered Agent	t signature require	ed when reinstating:	DATE		
Miller, Thomas W. III				13.		ADDITIONS/CHANGES TO OFF	ICERS AND D	IRE CTC	PRS IN 12
13 STREET ADDRESS		I .	DELETE	1.1 TITLE		····		Change	Addition
CITY-ST-ZP WINTER PARK FL 32789				1.2 NAME					
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NAME			There exe		I - ZI₽				
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CITY-S1-ZIP Winter Park, FI. 32789				6 3 STREET A	NDDRESS				
		ur portify that the information	data at the Pro-	6.4 CITY-ST	-ZIP	Winter Park, FL 3	2789		

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 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.

| GNATURE: | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and that my name | Chapter 617, Florida Statutes, and t