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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

N94000003937 (9)

FILED Apr 24 1997 8:00am Secretary of State

2. Principal Place of Business 2a. Mailing Address 2b. Box 45148 Suite, Apt. #, etc Suite, Apt. #, etc City & State City & State City & State Zip Country Zip Country Zip Country Suite, Apt. #, etc 27 Country Zip Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Suite, Apt. #, etc. City & State City & State Country Zip Country Suite, Apt. #, etc. City & State City & State Country Zip Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. City & Status Desired Suite, Apt. #, etc. City & Status Desired Country Trust Fund Contribution Country Suite, Apt. #, etc. City & Status Country Suite, Apt. #, etc. City & Status City & Status Country Suite, Apt. #, etc. City & Status City & Status Country Suite, Apt. #, etc. City & Status City & Status Country Suite, Apt. #, etc. City & Status City & Status Country Suite, Apt. #, etc. City & Status City & Status Country Suite, Apt. #, etc. City & Status City & Status City & Status City & St	ate of Last Report 05/01/1996 Applied For Not Applicat \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Lax under s. 199.032,
KISSIMMEE FL 34744 KISSIMMEE FL 34744 3. Date incorporated or Qualified 08/06/1994 3. Date incorporated or Qualified 08/06/1994 4. FEI Number 59-3269332 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Sin Name and Address of Current Registered Agent State Country Registered Agent A. FEI Number 59-3269332 6. Certificate of Status Desired Florida Status Status Registered Agent State Country Sin Name Sin Name	Applied For Not Applicat \$8.75 Additional Fee Required \$5.00 May Be Added to Fees tax under s. 199.032, No Agent
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22 City & State City & State 23 City & State 28 City & State 29 Country 20 Country 21 Country 22 Country 23 Country 24 25 29 34745 30 S Florida Status Desired Li 26 Certificate of Status Desired Li 6 Certificate of Status Desired Li 6 Election Campaign Financing Trust Fund Contribution 6 This corporation has liability for intengible Florida Statutes 10 Name and Address of New Registered Agent 11 Name	\$5.00 May Be Added to Fees tax under s. 199.032, No Agent
City & State Trust Fund Contribution Trust Fund Contribution Country Signature Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	Added to Fees tax under s. 199.032, No Agent
Zip Country Zip Country Sip Country Sip Country Sip Country Sip	tax under s. 199.032, No Agent
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 Name 10.	Agent
81 Name \ \ \ (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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	TY TAI
HAYES, JULIANNA (JULI) 107 LAKEVIEW DR. Street Address (P.O. Box Number is Not Acceptable)	
AT ALAUM PLANTA	
51. 62000 71. 54/60 Dermude ave	86 Zip Çode
1 Kissimmee FL	. 1.34747
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 office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the app agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.	i changing its registere pointment as registered
agent. I am tamiliar with, and accept the obligations of, Section 617,0503, Florida Statutes.	1
SIGNATURE Signature, typed or printed name of registered agent and use (NOTE: Registered Agent signature required when reinstating) DATE	97
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
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STREET ADDRESS 1242 BETH LANE 1.3 STREET ADDRESS 1724 PINON CITCLE	
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NAME HAYES, JULIANNA STREET ADDRESS 107 LAKEVIEW DR. 22 NAME JULIAN NA HAYES 23 STREET ADDRESS 2434 N. Bermide ave	4-7
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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 lan address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICES OR DIRECTOR