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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # N9600003096 (2)

Principal Place 199 CLAY STRI VINTER PARK F	e of Business EET	Ma	ORLÁNDO, INC.  Mailing Address  1199 CLAY STREET WINTER PARK FL 32789-5486							
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2 Principal P	lace of Business	20	Mailing Address				4. FEI Number			Applied For
1	ince or priorities	26	Walling Address				59-3392435		P	Not Applicable
Suite, Apt	#, Clo.		Suite, Apt #, etc.				Certificate of Status Desired		\$8.75	Additional Regulred
2 City & State		27	City & State				C Floring Committee Floring			
3	G	28	Oily & Glate				6. Election Campaign Financing Trust Fund Contribution	П		O May Be d to Fees
Zip	Country		Zip	Cou	intry		8. This corporation has liability for			
4	25	29		30				] Yes		D. 100.00E.,
·	9. Name and Address	of Current Regist	tered Agent				10. Name and Address of New Re	glatered	Agent	
					81 1	Name				
HALL, GARY					82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
243 TIME	BERLAND AVE			!	$\Box$					
<b>LONGWO</b>	OD FL 32750				83					
					84 (	City			85 Zi	p Code
							poration submits this statement for the	<u>FL</u>		
	egistered agent or both, in m familiar with, and accept	n the State of Floric t the obligations of	la. Such change wa , Section 617.0503,	s authorize Florida Stal	d by th tutes.	ne corporal	tion's board of directors. I hereby acce	pt the app	oolntment a	as registered
SIGNATURE	Signature, typed or profest name of OFFI		il applicable. (N	s authorize Florida Stal IOTE Registere	d by th tutes.	ne corporal	tion's board of directors. I hereby acce red when renetating) ADDITIONS/CHANGES TO OFFI	DATE	D DIRECTO	ORS IN 12
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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 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.

SIGNATURE:

**FILED** 

Mar 21 1997 8:00am

Secretary of State