## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # P30368** 

(5)

## FILED May 12 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  5514 SANDALWOOD DR. 5514 SANDALWOOD DR. ORLANDO FL 32839-2943			· · · · · · · · · · · · · · · · · · ·		
., <u>.</u>				3. Date Incorporated or Qualified 07/24/1990	3a. Date of Last Report 09/13/1996
	Place of Business	2a. Mailing Address		4. FEI Number 39-1510547	Applied For
Suite, Apt.	#, elc	Suite, Apt. #, etc.	<del></del>	Certificate of Status Desired	Not Applicable  \$8.75 Additional Fee Regulred
City & Stat	to	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip <b>24</b> ]	Country 25		Country 30		☑Yes ☐ No
	g, Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
	ANDO FL 32839		83 64 City	ress (P.O. Box Number is Not Accepta	FL 85 Zip Code
agent 12 SIGNATURE	Signature: typed or punited native of registered a OFFICERS A	agent and title if applicable (NOTE	Registered Agent signature requ	poration submits this statement for the tion's board of directors. I hereby accelled when reinstained ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
THILE	PTD   BICHANICH, GREG	DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	5514 SANDALWOOD		1,3 STREET ADDRESS		
City+ST-ZIP THILE	ORLANDO FL 32839 VSD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	BICHANICH, YVONNE	otten	2.2 NAME		El Orango El Montos
STREET ADDRESS	5514 SANDALWOOD DR		23 STREET ADDRESS		
City-ST-ZiP Titlf	ORLANDO FL 32839	DELETE	2.4 CITY+SY-ZIP		
NAME			3111113		Change Addition
STREET ADDRESS		C Detete	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
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14. I do hereby cert by 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 efficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 13 if changed, or on an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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