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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200000073 (6)

FILED Jan 14 1997 8:00am Secretary of State

Principal Place	NWEALTH AVE	Mailing Address 18600 COMMONWEALTH ORLANDO FL 32820-303						
					Date Incorporated or Qualified 10/27/1992		ate of Last f	Report
	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			59-3145850			ot Applicable
Suite, Apt	म, ।	Suite, Apt. # etc.			5. Certificate of Status Desired			Additional lequired
City & Stat		City & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Ζφ 24]	Country 25	Zip 29	30 Cou	ntry	8. This corporation has liability for Florida Statutes	r intangibli □ Yes		s. 199.032,
	9. Name and Address of Curren	and the state of t			10. Name and Address of New R	egistered	Agent	
1880	L, LARRY STEVEN 00 COMMONWEALTH AVE ANDO FL 32820-3031				ddress (P.O. Box Number is Not Accepta	able)		
			ĺ	B4 City		Fi	85 Zip	Code
office or r	registered spent, or both, in the State	a and 607, 1506, Florida Stati of Florida. Such chande was	utes, the at s authorized	ove-named o	corporation submits this statement for the pration's board of directors. I hereby acceptable	purpose o	pointment as	s registered
SIGNATURE	Signature typed or proded have d'unperent ancien	n a street approars (NC	Off, Hagistered		orporation submils this statement for the oration's board of directors. I hereby accelerated when removaling)	DATE		
		n a street approars (NC		t Agent's grature re		DATE		
SIGNATURE	Signature typed or probed many 6' region to a rape OFFICERS AND D BELL, KATHY D	n a serve Leophiaba (NC DIRECTORS	Off, Registered	d Agent's grature re	quied when rounsaling)	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. THEE	OFFICERS AND DELL, KATHY D 18800 COMMONWEALTH AVE	n a serve Leophiaba (NC DIRECTORS	Off, Registered 13. 1.1 Til	d Agent's grature re	quied when rounsaling)	DATE	D DIRECTO	RS IN 12
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1. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the information indicated on this annual report or supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

STANDARY AND STANDARY OF PRINTED NAME OF STANDARY OFFICER OF DIRECTOR

D. BELL Date

1-6-97 568-0853

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