SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 19 1997 8:00am Secretary of State

DOCUMENT # 1. Corporation Name	P92000007592	(8)

•	MENT # P9200 N INVESTMENT PROPERT	•	3)		1 128/1884 LID TRIVE THEIR BEIN BEIN B	
Principal Plac	e of Business	Mailing Address				8/8/ 80/1/ 80/1/ 1080/ 8/4/8 /8/4/ 1/8/ 1/8/
704 WILSON ROAD WINTER SPRINGS FL 32708		704 WILSON ROAD WINTER SPRINGS FL 32708		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	3a. Date of Last Report
2, Principal P	lace of Business	2a. Mailing Address		······································	11/23/1992 4. FEI Number	05/01/1996
21 26			-		59-3150572	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Curr	7φ 29	30 30	ountry	This corporation owes or has p Personal Property Tax due Jun Name and Address of New R	9 30. 🔯 Yes 🔲 No
11. Pursuant office or ragent. I a	egistered agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida. Such change w ligations of, Section 607,0505,	as authoriz , Florida Si	zed by the corpora latutes.	rporation submits this statement for the ation's board of directors. I hereby acce	opt the appointment as registered
	Signature, typed or printed name of registered a			red Agent signature requ		DATE OF ON THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER
12.	OFFICERS A	ND DIRECTORS DELETE	13	TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	FARRELL, KAY 704 WILSON RD. WINTER SPRINGS FL 32704		1.2	NAME STREET ADDRESS CITY-ST-ZIP		المنافلة في المناف
TITLE NAME		☐ DELETE	2.1	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			2.3	STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE		TITLE		Change Addition
NAME				NAME		
STREET ADDRESS			3.3	STREET ADDRESS		
CITY-ST-ZIP			3.4	. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1	TITLE		Change Addition
NAME			4.2	NAME		
STREET ADDRESS			4.3	STREET ADDRESS		

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 received 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.

4 4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADORESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

41.3.5.79.85

Change

☐ Change

Addition

Addition