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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 18 1997 8:00am Secretary of State

1325 W. WASHINGTON STREET 1404 EDG B-2 P.O. BOX				ling Address EDGEWATER DRIVE BOX 547094 ANDO FL \$2854-7094			3. Date Incorporated or Qualified 3a. Date of Last Report		
2. Principal Place of Business			2a. Mailir	2a. Mailing Address			11/30/1992 08/12/1996 4. FEI Number Applied For		
<u>[]</u>			26				59-3153527 Not Applicable		
Suite, Apt. #, etc.		├	Suite. Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Regulred			
City & Stat	te	.	27 City 8	State			6. Election Campaign Financing		May Be
5			28				Trust Fund Contribution		to Fees
Zip Ti		Country	Zip		Country	у	8. This corporation has liability for		. 199.032,
<u>!</u>	A Namo	25 and Address of Cu	29	Agant	30		Florida Statutes 10. Name and Address of New I	Yes No	
MO	SS. PATRIC		urrent neglatered i	Agent	81	Name	ID. Name and Address of New I	registered Agent	· · · · · · · ·
		ANGTON ST.			62	Stroot Add	dress (P.O. Box Number is Not Accept	able	
SUITE B-2 ORLANDO FL 32805							ress (F.O. Box Number is Not Acceptable)		
				83	1				
					84	City		FL 85 Zip	Code
agent La	am familiar w	ith, and accept the c	obligations of, Secti	ion 607.0505, I	utes, the abov s authorized by Florida Statute	e-named cor y the corpora s.	rporation submits this statement for the ation's board of directors. I hereby acc		ts registered registered
office or agent I a	am familiar w Signature, typen	ith, and accept the of or printed name of registers	obligations of, Secti	ion 607.0505, I	Florida Statute	·\$.	rporation submits this statement for the ation's board of directors. I hereby account when reinstating) ADDITIONS/CHANGES TO OFF	e purpose of changing it ept the appointment as	
agent la SIGNATURE 12.	Signature: typed PD MOSS, P	ith, and accept the of or printed name of registers OFFICERS	obligations of, Secti ed agent and title if applica S AND DIRECTORS	ion 607.0505, I	Florida Statute OTE Registered Age 13.	·\$.	ured when reinstating)	purpose of changing it bept the appointment as DATE FICERS AND DIRECTOR	RS IN 12
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.