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 # **P92000011822 (3)**

•	Corporation CITADEL			CTION SERVICES	S, IN	IC.		·				1		
Principal Place of Business 720 WEST COLONIAL DR. SUITE 200 ORLANDO FL 32804						Mailing Address P.O. BOX 400 WINDERMERE FL 34786-0400						IBI 18110 1 7810	iliği Pəgi	
											, , , , , , , , , , , , , , , , , , , ,	of Last Re 5/1996	port	
-	Principal Place of Business					2e. Mailing Address					4. FEI Number		plied For	
21						26 P.O. BOX 568735 Suite, Apt #, etc.					59-3250066		Applicable	
22	Suite, Apt. #, etc.					27 Suite, Apr. #, &tc.					5. Certificate of Status Desired	\$8.75 A		
	City & State					Crty & State					6. Election Campaign Financing \$5.00 May Be			
23						28 ORLANDO, FL					Trust Fund Contribution Added to Fees			
24	Zip		25	Country	29	^{Zip} 3 28 56	30	Country CORA			8. This corporation has liability for intangible to Florida Statutes ✓ Yes ☐		199.032,	
-41	9. Name and Address of Current										10. Name and Address of New Registered Agent			
	HEADLEY, WILLIAM A III 81 Name													
720 WEST COLONIAL DR.						82			Street	Addre	ess (P.O. Box Number is Not Acceptable)	**		
SUITE 200 ORLANDO FL 32804						83			 					
UNDANDO PL 32804												1		
							84 C				FL	85 Zip (
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purportion or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	hanging its ntment as	registered registered	
SIC	SIGNATURE Signal are typed or printed name of registeres agent and title if applicable. (NOTE: Registered A									e recuire	od when reinstaling) DATE			
12.		Did to be the	2 (4) (1)	OFFICERS AND			1516.74	13.	on pg.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 12	
III	F	D				☐ DELETE		1.1 TITLE			-	Change	Addition	
NAN		HEADLEY, WILLIAM A III							12 NAME HG		ADLEY, WILLIAM A III			
1	EET ADDRESS 720 W. COLONIAL DR. #200 7-ST-7IP ORLANDO FL 32804								.		OW. COLENIAL DR., #200 LANDO FL 32804		ļ	
CO	(-SI-ZII ⁻	ONDAND	<u> </u>	, 32004		DELETE		1.4 CITY - S 2.1 YITLE	ST-ZIP	04		Change	Addition	
NAN	ì							2.2 NAME		1				
STR	EET ADDRESS							2.3 STREET	ADDRESS	1				
COL	7 - ST - ZIP				· · · · · · ·			2. 4 CITY-	ST-ZIP					
TILL	Į					DELETE		8.1 TITLE			L	Change	Addition	
NAN	İ							3.2 NAME	. ADODECE					
1 -	EET ADDRESS (-SI-ZIP							3.3 STREET 3.4. C/TY-1						
THE						DELETE		4.1 TITLE	31-Zii	1		Change	Addition	
NAN	ME							4. 2 NAME		ļ			į	
SIR	EF LADORESS							4.3 STREET	r address					
	Y-ST-7IP) — — — — — — — — — — — — — — — — — — —				1 55.55		4.4 CITY - S	ST- ZIP	 		05	A A Ave	
THI						☐ DELETE		5.1 TITLE			ι	Change	Addition	
NA ^A	l l	1						5.2 NAME	T ADDRESS	ļ				
1	EET ADORESS 7-\$1-Zip							5.4 CITY - 5						
TITE						DELETE		6.1 TITLE		 		Change	Addition	
NAM	.9E							6.2 NAME						
STR	EET ADDRESS							6.3 STREET	ADDRESS					
1		1												

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO COLOR JULIE ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO COLOR JULIE ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO COLOR JULIE ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO COLOR JULIE ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO COLOR JULIE ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO COLOR JULIE ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO COLOR JULIE ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO COLOR JULIE ATURE AND TYPED OR DIRECTOR TO COLOR JULIE ATURE AT

14. I do hereby certily that the information supplied with this fiting 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 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if chapted, or on an attachment with an address.

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FILED

May 14 1997 8:00am

Secretary of State