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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami Secretary of State

1996

DIVISION OF CORPORATIONS 04 4706 (F)

DOCUMENT #	P92000014706	(5)
Corporation Name		•

i. Corporation Na		, 2014100	- ,					
Principal Place of	Business	Mailing Address			_,		i adiki bajej	51811 ALBIT 18611 MAIIA 2021 138.
	2801 S M U BLVD. 2801 S M U BLVD. OFLANDO FL 32817							
ORLANDO FL	3281 7	ONEXNECT TE GEOTI				3. Date Incorporated or Qualified 12/21/1992		te of Last Report 06/16/1995
2. Principal Place	e of Business	2a. Maling Address				4. FET Number		Applied For Not Applicab
		26				59-3158683		\$8.75 Additional
Suite, Apt. #,	etc.	Suite Apt. #, etc.				5. Certificate of Status Desired		Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
		28 Zip		ountry		8. This corporation has liability for	intangible	
Zip Ti	Country 25	29	30	,		Florida Statutes M Yes	No	
	9. Name and Address of Curr			1.,		10. Name and Address of New I	Registere	d Agent
				81	Name			
CONWAY, FRED 2801 S M U BLVD.				82	Street Addr	ress (P.O. Box Number is Not Accepta		
				83				
ORLAND	O FL 32817			84	City			B5 Zip Code
			_			ration submits this statement for the pull and of directors. I hereby accept the app	F	
12.	OFFICERS A	AND DIRECTORS	1	3. 1 TILLE	27 Just, 101 took 10	ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTORS IN 12 Criange Addition
TITLE	D CONWAY, FRED			2 NAME				
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14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

6/20/96 107 671-2846

CR2E034 (12/95)