FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

P93000004236 (4)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUN 1. Corporation SMAR			0000	004236	(4)					ili ac ur enu enu en	## ##### #### ### ####
Principal Place	of Business			Anilina Addrana						 	
DA DOU 4466											
WINTER PARK FL 32790				P.O. BOX 1599 WINTER PARK FL 32790							
2. Principal Pla	on of D. o			— 					3. Date Incorporated or Qualified 01/13/1993	3a. Date of Las 07/14	t Report /1995
21		388	28 26					4. FEI Number 59-3162734	Applied For Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional se Required	
Crty & State 23 Zip Country				City & State					Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
24		Country 25	29	Zip	30 Cd	ountry			8. This corporation has liability for it Florida Statutes Yes Yes The Property of the		rs 199.032,
	9. Name	and Address of Curr	ent Regis	tered Agent		Ţ.,			10. Name and Address of New Ro	gistered Agent	
LIVINGSTON, EDWARD M 628 ELLEN DR. WINTER PARK FL 32790						81 82 83	City	Addres	s (P.O. Box Number is Not Acceptabl	85	Zıp Code
11. Pursuant to or registere familiar with	the provision d agent, or l n, and accep	ons of Sections 607.05 both, in the State of Fic of the obligations of, Se	02 and 60 orida. Such ection 607,	7.1508, Florida Statu i change was authori 0505, Florida Statute	ites, the ab ized by the is.	corpe	amed contains	orporations board o	on submits this statement for the purp of directors. I hereby accept the appo	iose of changing it ntment as register	s registered office ed agent. I am
SIGNATURE _		r printed name of registered ag-			lO1t : Registere						
12.	· · · · · · · · · · · · · · · · · · ·	OFFICERS A			13		Sign attack	reconsect wa	ADDITIONS/CHANGES TO OFFIC	DATE DIDECT	LODG IN 12
TITLE	DP	ALLANDO DIGILLO		[]] DELETE	1 1	TITLE		D/F)	TX Chang	
NAME		ALLADER, RICHARI) 1		1.2 (MAME		Cad	lwallader, Richard J		
STREET ADDRESS		EMPLE DR R PARK FL			1.3 :	STREET	ADDRESS	234	3 Versailles Ave.		
CITY-ST-ZIP	DVPS	N CANN FL	····	F7 05 616		HY-SI	- Z(P	Wir	ter Park, FL 32789		
NAME		ALLADER, KATHLEI	EN G	[]] DELETE		TITLE		D/V	//P/S	☐ Chang	e 🔲 Addition
STREET ADDRESS	2350 T	EMPLE DR	IN G			IAME		Cad	wallader, Kathleen	G.	
CITY-SY-ZIP		R PARK FL					ADDRESS	234	3 Versailles Ave.		
TITLE	D			DELETE	3 1	TITLE	- ZiP	-Win	ter Park, FL 32789		
NAME	LANFO	RD, STEPHEN L		E3 PECE	3.2 N		ı			☐ Change	Addition
STREET ADDRESS		VISE AVE.					ADDRESS				
CITY-ST-ZIP	ORLAN	IDO FL 32806				HY-SI					
TITLE				DELETE	4. 1					Change	Addition
NAME					4.2 N	ΑMξ					
STREET ADDRESS					4.3 S	TREET A	DDRESS				
CITY-ST-ZIP					4.4 C	ITY-51	- ZIP				
TITLE				■ DELETE	5 11	ITLE				Change	Addition
NAME PTOFFE ADDOCCO					5 2 N	AMF					
STREET ADDRESS					5.3 S	TREET A	DDRESS				
CITY-ST-ZIP TITLE		4		[] Delett		11Y-\$1-	ZIP			77.13.1	
NAME				DELETE	6.11					Cnange	Addition
STREET ADDRESS					6.2 N						İ
CITY-ST-ZIP							DDRESS				
14. I do hereby c	certify that th	ne information supplied	with this t	Ilhro is valuntarily fund	المراجع فمحاطف	TY-\$1-		life for the	ne exemption stated in Section 119.07		
oath; that I a	m an officer.	in Indicated on this and or director of the corp posk 13 if changed, or	oralion or	the receiver or truste	o omoone	s true red to	and accepted	ourate a curate a this rep	ie exemption stated in Section 119.07 nd that my signature shall have the sa port as required by Chapter 607, Flori	(3)(k), Florida Stati me legal effect as da Statutes; and ti	utes. I further if made under nat my name

YRESIDENT

407-647-8776 Daytine Phone #