FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000010509 (6)

ROBERT J. SENNETT, O.D., P.A.

FILED
May 06 1997 8:00am
Secretary of State

A HABILERI KIR IRIBA IIIII BAIK ABKI BAIKI BAIKI BAIKI BAIKA BKA BAIKI BAIKA BAIKA BAIKA BAIKA BAIKA BAIKA BAIK

2. Principal Place of Business 26 Suite, Apt. #, etc. 59-3165232 Suite, Apt. #, etc. 5 Certificate of Status Desired City & State City & State 28 Country 29 Country 30 Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Country 4. This corporation has liability for intangible to Florida Statutes 9. Name and Address of Current Registered Agent TAYLOR, LE. 1029 W. MAGNOLIA ST. LEESBURG FL 34748 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508. Florida Statutes, the above named corporation submitts this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appearant. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of tegs ferical agent and other if applicable (NOTE Registered Agent signature required when rematating). DATE 12. NAME SENNETT, ROBERT J. DELETE 1.1 Title D. POW 656	\$8.75 A Fee Re \$5.00 Added to tax under s	May Be to Fees . 199.032,
21	\$8.75 A Fee Re \$5.00 Added to tax under s	ot Applicable Additional aquired May Be to Fees . 199.032,
Suite, Apt. #, etc. Suite, Apt. #, etc.	Fee Re \$5.00 Added t tax under s No Agent 85 Zip 6 changing it oointment as	May Be to Fees . 199.032,
City & State Country Zip Country Zip Country Zip Country 30 8. This corporation has liability for intangible the folial Statutes of Sta	\$5.00 Added to tax under s No Agent 85 Zip (changing it ointment as	May Be to Fees . 199.032,
Zip Country Zip Country Sip Country Sip Country B. This corporation has liability for intangible to Florida Statutes Signature sequence of the purpose of office or registered agent, or both, in the State of Florida Statutes of Socion 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approagent, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature. Typed or printed name of registered agent and tells if applicable (NOTE Registered Agent signature required when reliability). DATE DELETE 1.1 TILE D. OFFICERS AND DIRE CTORS DELETE 1.1 TILE D. D	Added to tax under s. No Agent B5 Zip 6 Changing it sointment as	to Fees . 199.032, Code
Zip Country Zip Country	tax under s. No Agent 85 Zip 6	Code
25 29 30 Fiorida Statutes Yes 2 30 Fiorida Statutes Yes 2 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. N	R5 Zip 6	Code
S. Name and Address of Current Registered Agent TAYLOR, L.E. 1029 W. MAGNOLIA ST. LEESBURG FL 34748 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approagent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D DELFTE 1.1 TITLE	Agent 85 Zip 6 changing it sointment as	ts registered
TAYLOR, L.E. 1029 W. MAGNOLIA ST. LEESBURG FL 34748 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the approagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE DATE 12. DELETE 1.1 TITLE DATE 12. AMME 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. AMME 18. Name 19. Polymere to the provisions of Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both agent for the purpose of the above-named corporation submits this statement for the purpose of th	changing it cointment as	ts registered
1029 W. MAGNOLIA ST. LEESBURG FL 34748 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appearagent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME DELETE 1.1.TITLE D. P. SENNETT, ROBERT J. 12. NAME	changing it cointment as	ts registered
T1. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appearagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICE'RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME SENNETT, ROBERT J. 12. NAME	changing it cointment as	ts registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appearance. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME DELETE 1.1 TITLE D. P.	changing it cointment as	ts registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appearagent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME DELETE 1.1 TITLE NAME DELETE 1.2 NAME	changing it cointment as	ts registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appearagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICE'RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME DELETE 1.1 TITLE DELETE 1.2 NAME	changing it cointment as	ts registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appearagent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE NAME DELETE 12. NAME DELETE 12. NAME	oointment as	ts registered registered
TITLE D DELETE 1.1 TITLE D, P 1.2 NAME 1.2 NAME		3S IN 12
NAME SENNETT, ROBERT J. 12 NAME	Change	Addition
PO ROX 658		
CITY-ST-ZIP FRUITLAND PARK FL 14 CITY-SI-ZIP		
TITLE DELETE 2.1 TITLE	Change	Addition
NAME 22 NAME		
STREET ADDRESS 2.3 STREET ADDRESS		
CITY-ST-ZIP	Change	Addition
NAME 32 NAME		
STREET ADDRESS 3.3 STREET ADDRESS		•
CITY-SI-ZIP 34.CITY-SI-ZIP		
	Change	Addition
NAME 4 2 NAME		
STREET ADDRESS 4.3 STREET ADDRESS		
CITY-ST-ZIP 4.4 CITY-S1-ZIP		
	Change	Addition
NAME 5.2 NAME		
STREET ADDRESS 5.3 STREET ADDRESS		
City-St-ZiP	Change	Addition
TITLE GALANTE	Unango	

63 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing 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 receiper 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 attrictment with an address.