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

Substitution of Status Desired Status Status Status	1. Corporation	MENT # P9300 DEC, INC.	0022615 (7	7)		1 1881/1861 193 18/08 18/08 88/08	BANK BANK BANK (1818 1988)	
THE COMPON WINDERMERR RD. SITE K OWNERS SHAPE	Principal Place	of Business	Mailing Address				4 00111 88111 001110 11819 11010	01181 11081 0111 1001
2. Principal Place of Becernors 3. Principal Place of Becernor	7491 CONI SUITE K ORLANDO	ROY WINDERMERE RD.	7491 CONROY WIND SUITE K ORLANDO FL 32835	ermere RD.				
23 6 50 50 50 50 50 50 50			US					
Country 28 States 20 RL AND (TC	7/100 PM = 1.17PA NO			WATER	OR.	EU 0400000		Applied For Not Applicable
Country Coun		#, etc. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	1	
Addition Steel Address S	City & State	4NOO IFL	City & State 28 ORLANDO, F	4			1 1 7 7 7	
10. Name and Address of Name Registered Agent LANE, PAUL C 5401 SO KIRKMAN RD STE 500 ORLANDO FI 32819 11. Pursuant to the provisions of Sentons 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in this State of Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in this State of Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am name of the purpose of changing its registered agent. I am name of the purpose of changing its registered agent. I am name of the purpose of provinces are displaced agent of Floridas. Such change of States. SIGNATURE 12. OFFICERS AND DIRECTIONS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12 12. Mark 12. OFFICERS AND DIRECTIONS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12 12. Mark 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 12 19. CARRELL ADDITIONS CHANGES TO OFFICERS AND DIRECTIONS IN 12 19. CARRELL ADDITIONS CHANGES TO OFFICERS AND DIRECTIONS IN 12 19. CARRELL ADDITIONS CHANGES TO OFFICERS AND DIRECTIONS IN 12 19. CARRELL ADDITIONS CHANGES TO OFFICERS AND DIRECTIONS IN 12 19. CARRELL ADDITIONS CHANGES TO OFFICERS AND DIRECTION			722010	Country	<u> </u>	8. This corporation has liability for	or intangible tax under s	
LANE, PAUL C S401 SO KIRKMAN RD STE 500 ORIANDO FL 32819		9. Name and Address of Current	J * I			<u> </u>		
S401 SO KIRKMAN RD STE 500 ORLANDO FL 32819 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered digner, or both, in yie Spite of Facilias. Such change was authorized by the corporation submits this statement for the purpose of changing its registered digner, or both, in yie Spite of Facilias. Such change was authorized by the corporation submits this statement for the purpose of changing its registered digner, or both, in yie Spite of Facilias. Such change was authorized by the corporation's board of directors. Thereby accept the opporation tas registered agent. I am feet the opporation to board of directors. Thereby accept the opporation tas registered agent. I am feet the opporation to board of directors. Thereby accept	IANE PAUL C					HORER , WOLFGANG		
ORLANDO FL 32819 Ba	5401 SO KIRKMAN RD				Street Addre	P.O. BOX Number is Not Accept P. EOGE WATER OR	(ANIT F	
Section Part Pursuant to the provisions of Section 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am or registered agent, or both, in the Spale of Fonios. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am or registered agent of provides Statutes. SIGNATURE				83		·		
11. Pursuant to the grovinens of Segrence BUT, 500, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered offic or registered agent, or both purpose of changing its registered offic or registered agent, in the Statute of Priorida Such change was authorized by the corporation's board of directors. I hereby accept the exploritement as registered offic or registered agent, it am formation with, and agent the obligations of Sociolo 60,0005, Florida Statutes, SIGNATURE 12.	_				City PRL	ANDO	FI 12) PIO
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP	SIGNATURE _	_ M. Mulbur	, LAETREAD	s, the above-na ed by the corpo	amed corpora ration's board	tion submits this statement for the properties of directors. I hereby accept the appropriate the properties of the prope	ourpose of changing its oppointment as registered	registered office I agent. I am
TITLE DP DELETE TITLE DP DELETE TITLE DP DELETE DP DELETE DP DELETE DP DELETE DP DP DP DP DP DP DP D					signature required		DATE FEICEDS AND DIDECTO	DPS IN 12
NAME SCHORER, WOLFGANG 12 MME 1.3 STREET ADDRESS 1.4 CMY-ST-ZIP ORLANDO FL WS DELETE STREET ADDRESS 1.4 CMY-ST-ZIP ORLANDO FL WS DELETE STREET ADDRESS CMY-ST-ZIP ORLANDO FL WS DELETE STREET ADDRESS CMY-ST-ZIP ORLANDO FL WS DELETE STREET ADDRESS CMY-ST-ZIP ORLANDO FL WMT # ORLANDO F	TITLE	OP	☐ DELETE			7.0011.010.017.11020 10 0		
ORLANDO FL	NAME	SCHORER, WOLFGANG		1.2 NAME		_	•	
ORLANDO FL	STHEET ADDRESS			1,3 STREET ADDRESS 6		130 EBGEWATER OR. UNIT T		
DELETE 2 TITLE SCHORER, RUTH S SCHORER, RUTH S SCHORER, RUTH S Change Addition A	CITY-ST-ZIP		. ,		71P 04	LANDO FL 31PIO		
NAME SCHORER, RUTH S 7491 CONROY WINDERMERE RD., STE. K 23 SIREET ADDRESS CITY-ST-ZIP ORLANDO FL	TITLE	VS	□ DELETE				Change	☐ Addition
DELETE D	NAME	SCHORER, RUTH S		2.2 NAME				
DELETE STREET ADDRESS STREET ADDRE	STREET ADDRESS	7491 CONROY WINDERMER	RD., STE. K	2.3 STREET A	DDRESS 61	30 EBGE WATER DR	、UNIT 干	1
DELETE DELETE 3 1 TITLE Change Addition NAMÉ 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Additio	CITY-ST-ZIP	ORLANDO FL	-	2.4 CiTY - ST-	ZIP OR	LANDO , FL 32810		
33 STREET ADDRESS 34 CITY - ST - ZIP	TITLE		☐ DELETE				☐ Change	Addition
CITY - ST - ZIP	NAMé			3.2 NAME				
DELETE	STREET ADDRESS			3.3. STREET A	DORESS			
A2 NAME	CITY - ST - ZIP			3.4 CITY - ST	ŽIP]			
A.3 STREET ADDRESS A.4 CITY-ST-ZIP A.4 CITY-ST-ZIP	TITLE		☐ DELETE	4. 1 TITLE			☐ Change	☐ Addition
A4 CITY-ST-ZIP	NAME			4.2 NAME				
DELETE DELETE 5.11 TLE Change Addition	STREET ADDRESS			4.3 STREET A	DDRESS			•
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TUTLE DELETE 6 1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS				4.4 CITY-ST-	ZIP			
STREET ADDRESS	TITLE		□ DELETE	5. 1 TITLE			☐ Change	Addition
CITY-ST-ZiP	1			5.2 NAME				
TITLE DELETE 6 1 TITLE DADDRESS Change Addition Addition 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS	STREET ADDRESS			5.3 STREET A	DORESS			1
NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS				5.4 CHY-ST-	ZIP			
SIREH ADDRESS 63 STREET ADDRESS			☐ DELETE	6 1 TITLE			Change	Addition
				62 NAME				ŀ
CITY-ST-7IP	STREET ADDRESS			63 STREET A	DDRESS			
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	CITY-ST-ZIP		W. Company	64 CITY-ST-	ZIP			

compliance and information indicated on this primal 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 dyporation 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 or Block SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0 1-31- 1996 407-290-5516

Date Dayline Price F