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

FILED

Apr 18 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000070314 (8)

Principal Plac	e of Business	Mailing Address	NVE		
200 NORTH DENNING DRIVE SUITE S-2		SUITE S-2	NYE		
WINTER PARK FL 32789-3736		WINTER PARK FL 32789		9 Poly III - O - 186 - I	To- 0-4-10-11
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		09/22/1993 4. FEI Number	04/22/1996 Applied For
21		26		59-3201984	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		b. Certificate of Status Desired	Fee Required
City & State	e 	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	egistered Agent
SPIT	HALER, VICTOR L.		81 Namo		
200 N DENNING DRIVE SUITE 8-2			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)
WINTER PARK FL 32789			83		
****			84 City		85 Zip Code
			' '		FL
SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the obli Signature, typed or printed hame of registered a		authorized by the corporal orida Statutes. Hegistered Agent signature requi	poration submits this statement for the patients board of directors. I hereby acce	pt the appointment as registered
12.	OF LICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	······
TITLE	0	☐ DELETE	1.1 TITLE		Change Addition
NAME	SPITHALER, VICTOR L		1.2 NAME		
STREET ADDRESS	200 N DENNING DR		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u>winter Park Fl</u> D	DELETE	1.4 City - S1 - 7if*		Change Addition
NAME	CAREY, JUDI A	<u> </u>	2.2 NAME		
STREET ADDRESS	200 N DENNING DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 111LE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3.5 HEET ADDRESS		
CITY-S1-ZIP			3.4 1Y - S1 - Z(P		
TITLE		☐ DELETE	4.1 T LE		☐ Change ☐ Addition
NAME			4. 2 ME		
STREET ADDRESS			4.3 ACET ADDRESS		
CITY-ST-ZIP TITLE		[_] DELETE	4.4 Y-ST-ZIP		Change Addition
NAME		E.J bereit	5.2 IE		C Analigo C Manifoli
STREET ADDRESS			5.3 E1 ADORESS		
CITY-ST-ZIP			5.4 - S1 - 2/P		
TITLE	A STATE OF THE STA	DELETE	6.		Change Addition

14. I do horeby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true an Lam an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block and officer or or an anachrotic with an address.

exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the occurate and that my signature shall have the same legal effect as if made under eath; that execute this report as required by Chapter 607, Florida Statutes; and that my name