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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthain

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P930000 CQUISITIONS, INC.	076226 (8	)				
Principal Place of Business Mailing Address					1 FORTEROF HO (BIOS 1911) ODEN BRIT OR		
651 BRYN MAWR STREET ORLANDO FL 32804 US		651 BRYN MAWR STREET ORLANDO FL 32804-4427 US					
					<ol> <li>Date Incorporated or Qualified</li> <li>10/28/1993</li> </ol>	3a. Date of Last Re 04/29/1996	eport
2. Principal P	Place of Business	26. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	plied For
21		26			59-3241164		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 A	
City & State		City & State			6. Election Campaign Financing	\$5.00	<u>`</u>
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zφ	Country	/	8. This corporation has liability for i		199.032,
24	25   9. Name and Address of Current	29 Registered Agent	30]		Florida Statutes  10. Name and Address of New Re-	Yes No	
μΛI	<del></del>	tiogisteled Agent	81	Name e		Bistolog Walli	
HOLMES, JOHN V. A 651 BRYN MAWR STREET					sames her	<u> </u>	
ORLANDO FL 32804				Street Add	ress (P.O. Bex Number is Not Acceptab	A LA	
0.12			83		15100	~	
			84	City		85 Zin 0	nde .
					lando		438
11. Pursuant office or ragent. La	to the provieting of Sections 607,0502 registered agent, or both, in the date of the fails with, and acceptable obligations.	and 607.1508, Florida St of Florida. Such change w ions of, Section 607.0505	atutes, the abov as authorized b "Elorida Statute	e-named corp y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its of the appointment as	s registered registered
SIGNATURE	Men // Ne	232			5.	-12-97	
12.	Signation typoday printed prints of the red age	Tend title if applicable	(NOTE Registered Ag	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DIDECTOR	S INI 12
TITLE	OF THE RIS CITED	DELETE	1.1 THLE	- · · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	LENTZ, JAMES L.		1.2 NAME				
STREET ADDRESS	651 BRYN MAWR STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - \$1 - ZIP				
TITLE	8	☐ DELETE 2.1				☐ Change	Addition
NAME	LENTZ, MARTHA						ŀ
STREET ADDRESS	651 BRYN MAWR STREET		2.3 \$TREE				ļ
CITY-ST-ZIP TITLE	ORLANDO FL DELETE		2.4 City- 3.1 Tale	S1 - 7IP		Change	Addition
NAME	1/B144WA (A)4114		3.2 NAME			Onange	L Nontion
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP	WINTER PARK FL		3.4. C/1Y-				
TITLE	£.T	☐ DELETE	4.1 TITLE	*** *** ****		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADORESS			
CITY-ST-ZIP			4.4 CITY - 5	51-2IP			
TITLE			5.1 TITLE			☐ Change	Addition
NAME			G.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP TITLE		DELETE	5.4 C(1)Y-5 6.1 T(1)LE	61 - 2IP		Change	Addition
NAME	·, ·	L_ OLLLIE	6.2 NAME			L Change	ACCITION
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	1			
44 100 000					11 0 0 140 651610 51		

4. 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 Statutos. 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 trusted propored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 or on an attachment of the corporation of the corporation of the corporation of the corporation.

CIGNIATUDE.

4220

(400) 1/2/ 9/11

**FILED** 

May 19 1997 8:00am

Secretary of State