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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000079321 (4)

WE ARE US, INC.

FILED Apr 24 1997 8:00am Secretary of State



Principal Place	e of Business	М	Mailing Address							
4700 S U. S. HWY 17-92			4700 SS U.S. HWY 17-92							
CASSELBERRY	FL 32707		SSELBERRY FL 32707							
US		US	•				3. Date Incorporated or Qualified	3a. Da	te of Last F	Report
							11/15/1993	05/0	1/1996	
· · · · · · · · · · · · · · · · · · ·	lace of Business	2a.	Mailing Address				4. FEI Number		A	pplied For
21 INAC	TIVE AT THIS TIM	E 26					59-3215114		N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt #, etc.			•	5. Certificate of Status Desired		\$8.75	Additional
22			330 Evansdale Rd.				v. Certificate of clatte Desired		Fee R	equired
City & State							6. Election Campaign Financing	_	\$5.00	May Be
23		28	Lake Mary	yl	EL_		Trust Fund Contribution			to Fees
Ζ φ	Country	<u> </u>	Zip "		untry		8. This corporation has liability for i			s. 199.032,
24	25	29	32746	30	US	5A			No	
	9. Name and Address of Curren	it Regis	tered Agent	 	81	T 61	10. Name and Address of New Re	istered /	tgent	
	n, Jonathan S				"	Name				
330 EVANSDALE RD					82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
LAKE	E MARY FL 32746						·			
					83					
					84	City			85 Zip	Code
						J,		FL		0000
11. Pursuant t	to the provisions of Sections 607.050	2 and 6	07.1508, Florida State	utes, the	above	e-named corp	poration submits this statement for the p	urpose of	changing i	its registered
agent. Lai	egistered agent, or both, in the state m familiar with, and accept the obliga	or mon ations o	f. Section 607,0505, F	i authorizi Florida Sta	ea by atute:	y the corporat s.	lion's board of directors. I hereby accep	the app	olntment as	registerea
SIGNATURE	, ,		·							
SIGNATIONE	Signature, typed or pointed name of registered age	int and title	d applicable (NC	OTE: Register	ed Age	n) signature requir	red when reinstating)	DATE		
12.	OFFICERS ANI	D DIREC		13.	,		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	P		DELETE	1.1 1	TITLE				Change	Addition
Name	DORN, JONATHON S			1.21	NAME					
SPREET ADDRESS	330 EVANSDALE RD			1.3	STREET	ADDRESS				-
CHY-ST-ZiP	LAKE MARY FL			1.4 (CITY-S	IT-ZIP				
TITLE	VPST		☐ DELETE	2.1	FITLE				[] Change	Addition
HAME	DORN, KARLA H			2.21	NAME					
STREET ADDRESS	330 EVANSDALE RD.			2.3	STREET	ADDRESS				
OHY-ST-ZIE	LAKE MARY FL			2.4	CITY	ST-ZIP				
TITLE	O		DELETE		TITLE			2	Change	Addition
MAME	GARRISON, LYNDA			3.21	NAME				•	
STREET ADDRESS	406 SILVER OAK LANE					ADDRESS				
CITY-ST-2IP	ALTAMONTE SPRINGS FL 327	01		- 1		ST-ZIP				
TITLE	or intoo is defi		☐ DELETE	_	TITLE	V. 611		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			the state of the s		NAME	-			w. Bo	
STREET ADORESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE		CITY - S Title	11-211			Change	Addition
NAME			C precit						⊏⊐ ouesiñe	E ZOUNION
					NAME	10000000				
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP			DELETE		CITY - S	IT-ZIP			1 0	A district
HILE			☐ DELETE		TITLE	-			Change	Addition
NAME					NAME					
STREET ADDRESS				6.3 5	STREET	ADDRESS				
C(11 - S1 - 2)P				6.4 (CITY-S	I - ZIP				

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 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 ip hanged, or on an attachment with an address.

SIGNATURE:

DORN, PRES.