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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State DIVISION OF CORPORATIONS

1996

P93000083700 (3) **DOCUMENT #**

Principal Place of Business Mailing Address 6700 SILVER STAR RD P O BOX 681428 SUITE 104 ORLANDO FL 32868 ORLANDO FL 32818 HS 3a. Date of Last Report 3. Date Inconverated or Qualified 12/08/1993 03/20/1995 2. Principal Place of Business 4. FEI Number Applied For 2a. Maiting Address (Foat ABOVE 59-3209150 21 6325 North orange Blosson Trail 26 Not Applicable Suite, Apt. #, etc.
Suite # A-13 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State Oty & State 6. Election Campaign Financing \$5.00 May Be orlando 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s 199.032, orang Florida Statutes ☐ Yes ☐ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LANEFSKI, JOHN W Street Address (P.O. Box Number is Not Acceptable) 82 **7613 GRAMERCY DRIVE** 83 ORLANDO FL 32818 84 City Zip Code 85 11. Pursuant to the provisions of or registered agent, or both Fibrida Statutes, the above named corporation submits this statement for the purpose of changing its registered office exas authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am ignida Statutes. Sections 607.0502 and 607.150 familiar with, and accep 1-16-96 SIGNATURE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 S AND DIRE, TOR 12 13. TILLE 1 1 TIBLE TOHN W. LANEFSKI, JOHN W 1.2 NAME ANEFSKI rye islossan trail suite #4130 37810 NAME 4700 SILVER STAR RD #104-625 NOO.B.T. #130 STREET ADDRESS 1.3 STREET ADDRESS orlando ORLANDO FL 32810 CITY - ST - ZIP 1.4 CHY+51-ZIP DELETE 2.1 Id.E Change X Addition TITLE NAME 2.2 NAME orange plossar trall-ste #130 STREET ADDRESS 2.3 STREET ADDRESS 32810 CITY - ST-ZIP 24 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TIBE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP C(TY - ST - 7)P DELETE 4 1 TITLE ☐ Change ncidibbA [__] TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 THE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP □ D€LETE Change Addition 6 1 TIFLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS

14. I do hereby certify that the information supplied certify that the information had sated on this engreath, that I am an officer of Virgolpr of the lower rental annual report is true and accurate and that my signature shall have the same legal effect as if made under y or trugtee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Bl

SIGNATURE:

OFFICER OR DIRECTOR

his filing istro

intarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further