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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1997	DIVISION OF CO	UMPORATIONS			
DOCU 1. Corporation ABASHA	27 (40)115	0083999 (1)				
L						
Principal Place of Business Mailing Addre				T RODIFOUL FOR ENIOR VILLE SUEN DURING UNITS	ACIDA IBIAR HIIIA KRITA IBIIA	110 (64)
5015 TANGERINE AVE.		5015 TANGERINE AVE.		1		
WINTER PARK	FL 32792	WINTER PARK FL 32792-72	35]		
				3. Date Incorporated or Qualified 12/06/1993	3a. Date of Last Re 04/16/1996	port
2. Principal f	Place of Business	2a. Mailing Address	······································	4. FEI Number		plied For
21		26		59-3228004	Not	A pplicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & Stat	te	City & State		6. Election Campaign Financing		<u> </u>
23		28		Trust Fund Contribution	\$5.00 to Added to	
Zφ	Country	Zıp	Country	8. This corporation has liability for in		{
24	25		30		Yes No	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent	
	HLIMMER, KENNETH J		61 Maine	·		
				dress (P.O. Box Number is Not Acceptable	ie)	
ANIA	NTER PARK FL 32792		83			
			64 City		FL 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508, Florida Statute	s, the above-named cor	poration submits this statement for the pr		registered
i office of abent La	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was as attents of, Section 607,0505. Flor	uthorized by the corpora ida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accep	t the appointment as r	egistered
SIGNATURE	,	~ *	/		1/11/978 DATE	
	KEMBTH T SCHLI Signature typed or printed name of registered ag	ent and title if applicable. (NOTE	Registered Agent signature requ			
12,	T	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS Change	S IN 12 Addition
1)ILE	PVPS KENNETH J SCHLIMMER	L'i nere le	1.1 TITLE		crianige	L. Adollori
NAME STRUET ADDRESS			1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY - ST-ZIP			ļ
TITLE	WHITEH FAIR IE	☐ DELETE	21 TITLE		☐ Change	Addition
NAME	(c		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			ļ
Crty+St+20P			2. 4 CITY-ST-ZIP			
11111		DELETE	3.1 TITLE		☐ Change	Addition
NAM:			3.2 NAME)
STHEEL ADDRESS			3 3 STREET ADDRESS			
CHY-SI-ZIP		DELETE	3.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ percit	4.1 TITLE 4.2 NAME		□ Areniño	Ford Modificit
NAME Capter Appares			4.2 NAME 4.3 STREET ADDRESS			}
STREET ADERESS CITY+ST-ZIP			4.4 CITY-ST-ZIP			
THE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME		-	
STREET ADDRESS			5.3 STREET ADDRESS			
C(T) - S1 - 7(P			5.4 CITY+ST-ZIP			
Title		DELETE	6.1 TITLE		Change	Addition
NAME			62 NAME			·]
STREET ADDRESS			6.3 STREET ADDRESS			

6.4 CITY-ST-ZIP

14. Ido 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 if changed, or on an attachment with an address. SIGNATURE:

CHY-S1-70

FILED

Apr 18 1997 8:00am

Secretary of State

0076943