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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000084603 (8)

| Principal Place of Business Mailing Address 4250 DOW ROAD 4250 DOW ROAD UNIT 304 UNIT 304 MELBOURNE FL 32834 MELBOURNE FL 32834-9275  |   |  |                                |   | 3. Date Incorporated or Qualified 3a. Date of Last Repor   |  |                                       |             |                                   | Report                                       |
|---|---|--|--------------------------------|---|--|--|---------------------------------------|-------------|-----------------------------------|--|
|   |   |  |                                |   |  | 12/10/1993                               |                                       | 04/08       | 5/1996                            |  |
| 2, Principa' f<br>1   | Place of Business   | 2a. Mailing Ad                                       | ddress                         |   |  | 4. FEI Number<br>65-0452682              | • • • • • • • • • • • • • • • • • • • |             | — ·                               | pplied For<br>ot Applicable                  |
| Suite, Apt. #, etc.   |   | Suite, Apt.  | Suite, Apt. #, etc.            |   |  | 5. Certificate of Status Desired         |                                       |             | \$8.75 Additional<br>Fee Required |  |
| 2]<br>City & Stat   | te  | City & State   | te                             |   | ······································   | 6. Election Campaign F                   | inancing                              | <del></del> | <del></del>                       | May Be                                       |
| 3]  |   | 28   |                                |   | <u>.</u>   | Trust Fund Contribut                     | _                                     |             |                                   | to Fees                                      |
| Ζφ<br>3   | Country   | Ziρ  | Ļ                              | Country   | ,  | B. This corporation has                  |                                       |             |                                   | i. <b>19</b> 9.032,                          |
| 1   | 25<br>9. Name and Address of Cu   | [29]<br>irrent Registered Agen                       |                                | 30  |  | Florida Statutes  10. Name and Address   |                                       | Yes         |                                   |  |
| WRW   | GHT, SCOTT ESO  |  | <u></u>                        | 81  | Name   |  |                                       |             | ,                                 |  |
|   | E. NASA BLVD.   |  |                                | 82  | Ctroot Add   | Iress (P.O. Box Number is N              | lot Appointment                       | (a)         | <del></del>                       |  |
| SUIT  | TE 300  |  |                                | Ĺ   | Sireel Add   | INGS (P.O. DOX NUMBER 14                 | Of Acceptable                         | o,          |                                   |  |
| MEL   | BOURNE FL 32901   |  |                                | 83  |  |  |                                       |             |                                   |  |
|   |   |  |                                | 84  | City   |  |                                       | FL          | <b>85</b> Zip                     | Code   |
|   | t to the provisions of Sections 607<br>registered agent or both, in the S<br>am familiar with, and accept the o               | Jongan Strate Co., Education Sci                     | 07,0000,1101                   | ida Çialojo   | o.   |  |                                       |             |                                   |  |
| SIGNATURE   | Stynative Typed or printed name of registere OFFICERS   | ed agent and little if applicable<br>E AND DIRECTORS | (NOTE:                         |   |  | ilred when reinstating) ADDITIONS/CHANGE |                                       |             |                                   |  |
| SIGNATURE<br>2.   | Styrative syndom printed tearse of registers  OFFICERS  | ed agent and little if applicable<br>E AND DIRECTORS |                                | Registered Age  |  | ired when reinstating)                   |                                       | ERS AND     | DIRECTOR Change                   | RS IN 12                                     |
| SIGNATURE  2.  IILE  IAME   | Styrative system or princed name of register OFFICERS D SKOPPE, LYDIA P   | nd agent and little if applicable<br>S AND DIRECTORS | (NOTE:                         | Registered Age 13. 1.1 YITLE 1.2 NAME   | ent signature raqu   | ired when reinstating)                   |                                       | ERS AND     |                                   |  |
| SIGNATURE  2.  IILE  IAME  TREET ADDRESS  | Styrative system or princed name of register OFFICERS D SKOPPE, LYDIA P   | nd agent and little if applicable<br>S AND DIRECTORS | (NOTE:                         | 13. 1.1 YITLE 1.2 NAME 1.3 STREET   | ent signature requi  | ired when reinstating)                   |                                       | ERS AND     |                                   |  |
| OGNATURE  2.  THE  AME  TREET ADDRESS  TY - ST - ZIP  | Styrutive Sylvidor princed rame of registers OFFICERS D SKOPPE, LYDIA P 4250 DOW ROAD, UNIT 30 MELBOURNE FL 32934 D           | ed agent and little if applicable is AND DIRECTORS   | (NOTE:                         | Registered Age 13. 1.1 YITLE 1.2 NAME   | ent signature requi  | ired when reinstating)                   |                                       | ERS AND     |                                   | Additio                                      |
| OGNATURE  2.  OLE  AME  TREET ADDRESS  OLY - ST - ZIP  OLE  | OFFICERS  D SKOPPE, LYDIA P 4250 DOW ROAD, UNIT 30 MELBOURNE FL 32934  D SKOPPE, STEFAN V.                                    | ed agent and little if applicable is AND DIRECTORS   | (NOTE:                         | 13. 1.1 YITLE 1.2 NAME 1.3 STREET   | ent signature requi  | ired when reinstating)                   |                                       | ERS AND     | Change                            | Addition                                     |
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| agont ta<br>SIGNATURE  12.  IIILE  IAME  SIREL ADDRESS  CITY ST-ZIP  IIILE  IAME  STREET ADDRESS  CITY ST-ZIP  IIILE  VAME  STREET ADDRESS  | OFFICERS  D SKOPPE, LYDIA P 4250 DOW ROAD, UNIT 30 MELBOURNE FL 32934  D SKOPPE, STEFAN V. 4250 DOW RD. UNIT 304 MELBOURNE FL | and agent and lifto if applicable is AND DIRECTORS   | DELETE  DELETE  DELETE  DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 5.4 CITY-S 6.1 TITLE | ent signature required in ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS ST-ZIP   | ired when reinsteing)  ADDITIONS/CHANGE  |                                       | ERS AND     | Change Change Change Change       | Additio                                      |