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

PROFIT CORPORATION ANNUAL REPORT

appears in Block 12 or Block 13 if changed

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P94000018950 (3)

Principal Place of Business Mailing Address P.O. BOX 770098 WINTER GARDEN FL 34777-0098  T.O. BOX 770098 WINTER GARDEN FL 34777-0098					
				3. Date Incorporated or Qualified 03/07/1994	3a. Date of Last Report 02/22/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26 P.O. Box 651		59-3245733	Not Applicable
Suite Ap	ot #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St	ale	City & State	······································	6. Election Campaign Financing	_ \$5.00 May Be
23		28 OAKLAND, FI	ORTDA	Trust Fund Contribution	Added to Fees
Zip	• Country	Zip	Country	B. This corporation has liability fo	_ ~ ~ _ /
24	25	29 34760-06513	0 USA		Yes No
10	Name and Address of Curr  HNSON, BLAIR M	rent Registered Agent	61 Name	10. Name and Address of New F	registered Agent
42	5 S. DILLARD STREET INTER GARDEN FL 34787		R. NEIL BRITT  S2 Street Address (P.O. Box Number is Not Acceptable)  419 E. OAKLAND AVE.		
			84 City	T 1110	FL 85 Zip Code
11. Pursuar	nt to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	, the above-named	LAND corporation submits this statement for the	
omice o agent l SIGNATURI	# 1 // /		thorized by the corp da Statutes.  R . NF Hegistered Agent signature	required when reinstating)	/14/97 DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
NAME	D   Britt, Robert N	☐ D€LETE	1.1 TITLE 1.2 NAME	D TOTAL DODGE OF	Change Addition
STREET ADDRES	D.O. DOV 770000 N/A		1.3 STREET ADDRESS	BRITT, ROBERT N.	,
CITY - \$1 - ZIP	WINTER GARDEN FL 34777-	0098	1.4 CITY-ST-ZIP	P.O. BOX 651 (N/A OAKLAND, FL 3476)	
THLE	D	DELETE	2.1 TITLE	DARLAND, FL 34/6	Change Addition
NAME	COTTON, STEPHANN	,	2.2 NAME	COTTON, STEPHANN	AA
STREET ADDRES			23 STREET ADDRESS	P.O. BOX 651 (N/A	,
CHY-ST-7IP	WINTER GARDEN FL 34777-	**************************************	2.4 CITY - ST - ZIP	OAKLAND, PL 3476	
TITLE		DELETE	3.1 TITLE	b	• •
NAME STREET ADDRES	K.		32 NAME 33 STREET ADDRESS	CLIFTON, GEORGE N	IARTIN
CITY-ST ZIP	N		3.4. CITY-ST-ZIP	940 N. KEPLER	
THE		☐ DELETE	4.1 TITLE	DELAND FL	Change 😾 Addition
NAME			4.2 NAME	р Бейме марк т	<b>X</b>
STREET ADDRES	s		4.3 STREET ADDRESS	FETTE, MARK L. P.O. BOX 651 (N/A	,
City - St - ZiP			4.4 CITY - ST - ZIP	OAKLAND, FL 3476	0 0651
HULE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRES	s		5.3 STREET ADDRESS		1
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAVI			6.2 NAME		
STREET ADDRES	22		6.3 STREET ADDRESS		}
CHY ST ZIP	1		6.4 City-St-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

TED NAME OF SIGNING OFFICER OR DIRECTOR