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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000022326 (0)

FILED Apr 07 1997 8:00am Secretary of State

38 EAST BROADWAY 3		Mailing Address 38 EAST BROADWAY OVIEDO FL 32785-7528					
				3. Date Incorporated or Qualified	3a. Date o		eport
				03/22/1994	04/10/		
·····1	lace of Business	2a. Mailing Address		4. FEI Number			plied For
Suite, Apt	di ete	26		59-3231037			t Applicable
22 Suite, Apri	#, UIG	27		5. Certificate of Status Desired		Fee Re	Additional equired
City & State	0	City & State		6. Election Campaign Financing		\$5.00	· ·
23		28		Trust Fund Contribution		Added t	
Zip	Country	Ζιρ	Country	8. This corporation has liability for it	ntangible tax	under s	199.032,
24	25	29	30	Florida Statutes] Yes □ N	No	
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Re	gistered Age	nt	
	EAST BROADWAY EDO FL 32765		82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptab		15 Zip (Code
11. Pursuant office or r	to the provisions of Sections 607, registered agent, or both, in the S	0502 and 607.1508, Florida Stati tate of Florida. Such change was	utes, the above-named co s authorized by the corpor	proporation submits this statement for the pration's board of directors. I hereby accept		anging it	s registered registered
11. Pursuant office or ragent. La SIGNATURE	Signature types or printed hand, of registered		utes, the above-named cos authorized by the corpor. Florida Statutes. DTE Registered Agent signature req. 13.	orporation submits this statement for the pration's board of directors. I hereby acceptured when reinstating) ADDITIONS/CHANGES TO OFFICE	purpose of choot the appoint		
SIGNATURE	Signature types or printed hand, of registered	d agent and title if applicable. (NC	DTE: Registered Agent signature req	quired when reinstating)	DATE DATE		S IN 12
SIGNATURE	Signature types or proved near all registeres OFF ICERS P CONWAY, PAMELA A	d agent and title if applicable. (NO AND DIRECTORS	DTE: Registered Agent signature req	quired when reinstating)	DATE DATE	RECTOR	S IN 12
SIGNATURE 12. TITLE	Signature typical or proved here, of registerer OFFICERS P CONWAY, PAMELA A 38 EAST BROADWAY	d agent and title if applicable. (NO AND DIRECTORS	DTE: Registered Agent signature req	quired when reinstating)	DATE DATE	RECTOR	S IN 12
SIGNATURE 12. TITLE NAME	P CONWAY, PAMELA A 38 EAST BROADWAY OVIEDO FL 32765	d agent and title if applicable. (NO AND DIRECTORS DELETE	DTE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	quired when reinstating)	DATE DERS AND DI	RECTOR Change	IS IN 12
SIGNATURE. 12. THE NAME STREET ADDRESS	OFFICERS P CONWAY, PAMELA A 38 EAST BROADWAY OVIEDO FL 32765 ST	d agent and title if applicable. (NO AND DIRECTORS	TE Registered Agent alguature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating)	DATE DERS AND DI	RECTOR	
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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 inclicated 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 13 or Abanded, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNIAS OFFICER ON DIAGEST

3bs/97 407-359-0099