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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027003 (0)

THOMAS E. RHODES, ATTORNEY-AT-LAW. P.A. Principal Place of Business Mailing Address 326 N. FERNCREEK AVENUE 326 N. FERNÇREEK AVENUE ORLANDO FL 32803-5440 ORLANDO FL 32903 3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1994 04/15/1996 2. Principal Prace of Business Applied For 2a. Mailing Address 59-3232498 26 Not Applicable Suite Aut # etc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RHODES, THOMAS E 326 N. FERNCREEK AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and late if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) 111.E ☐ DELETE 1.1 TITLE Change Addition RHODES, THOMAS E 1.2 NAME 326 N. FERNCREEK AVENUE STREET ADDRESS 1.3 STREET ADORESS ORLANDO FL 32803 City-St-ZiP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS City - St - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 7111 F 3 1 TITLE 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CHTY - ST - ZIP 3 4. CITY - ST- ZIP DELETE Change Addition TILLE 41 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ACCHESS (317-51-20 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition THE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS C-TY - \$1 - ZIP 5.4 CITY-ST-2IP DELETE Change Addition 6.1 TITLE THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I do hereby certly 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 it 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

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNAND OFFICER ON DIRECT

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3/31/97

407-898-7715

FILED

Apr 04 1997 8:00am

Secretary of State

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