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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400054896 (3)

Principal Place  9485 W. VINE: KISSIMMEE FL	STREET	Mailing Address 3485 W. VINE STREET KISSIMMEE FL 34741-4668							
						3. Date Incorporated or Qualified 07/22/1994	3a. Date 02/27		eport
2. Principal P	lace of Business	2a. Mailing Address	h-η σ				<b>4.</b> FEI Number <b>59-3269832</b>		
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23		City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip	Zip Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re-	gistered Ag	ent	
ARE	NA, WALTER			81	Name				
3485 W VINE STREET				82	Cleary Ardel	ess (P.O. Box Number is Not Acceptab	le)		
	SIMMEE FL 34741			62	Sireer Addi	ess (P.O. Box Number is Not Acceptab	9C)		
• •	••			83					
				84	City		EI	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.05	002 and 607.1508, Florida Statute	s, the at	J 20V6	-named corp	oration submits this statement for the prion's board of directors. I hereby accept	urpose of ch	nanging it	ts registered
office of ri agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized rida Stat	d by utes	r the corporat s.	ion's board of directors. I hereby accep	of the appoin	lment as	registered
SIGNATURE	Signature, typed or printed name of registered a	control Mint most thin. (NOTE	Devictore		et e esseture me vi	ed when reinstating)	DATL	··	
12.		ND DIRECTORS	13.	i Nga	ci signature regar	ADDITIONS/CHANGES TO OFFICE		IBECTOR	RS IN 12
TITLE	PD	DELETE	111	ſij.		TIDDITION OF THE TIDE		Change	Addition
NAME	ARENA, WALTER		1.2 N/		1		_	,	
STREET ADDRESS	3485 W. VINE STREET				ADURESS				
CITY-ST-ZIP	KISSIMMEE FL			CITY-ST-7IP					
TITLE	VD	DELE1E		2111116				Change	Addition
NAME	LUDLAN, LESLIË		2.2 N		ĺ		<del></del>		
STREET ADDRESS	3485 W VINE STREET		2.3.51	R5E1	ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL		•	2. 4 CHY-S1-ZIP					
TITLE	DELETE		3.1 THLE		21211			Change	Addition
NAME (	LUDLAM, LESLIE		3.2 NA	ME	[			*	
STREET ADDRESS	3485 W WINE ST		3 3 51	RELI	ALIDRESS				
CITY-\$T-ZIP	KISSIMMEE FL		3.4. D						
TITLE		DELETE	4.1 TJ					Change	Addition
NAME			4.2 N	AME				•	
STREET ADDRESS			4.3 ST	REE1.	ADDRESS				
CITY-ST-ZIP			4.4 CI						
TITLE		DELETE	5.1 7(1					Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY-ST-ZIP		-,	5.4 CT	1 Y - S1	1-7IP				
TITLE		☐ DELETE	61 711	l F	T			Change	neitibbA
NAME			6.2 NA	ME					
STREET ADDRESS			63 81	REET	ADDRESS				
CITY-ST-ZIP			64 CI						
informatio I am an oi	n indicated on this annual report or	supplemental annual report is tri or the receiver or trustee empowe or on an attachment with an addi	ue and a pred to e	locu	rate and that	Fin Section 119.07(3)(I), Florida Statute my signature shall have the same lega t as required by Chapter 607, Florida S	effect as if	made und	der oath; tha