## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT	# F	940000	)55266	(8

Suite, Apt. #, etc.   Scripticate of Status Desired   \$8.75	Country 2 Address of Current Re	Mailing Address 1796 SUNWOOD BLY LONGWOOD FL 327  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	79 Ca.	,	3. Date Incorporated or Qualified 07/19/1994  4. FEI Number 59-3252600  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for in Florida Statutes	3a. Date of Last 06/30/  \$8.7 Fec. \$5.1 Add ntangible tax under	Report 1995 Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees
1785 SUNWOOD BLVD.   1785 SU	Country 2 Address of Current Re	2a. Mailing Address 2b. Suite, Apt. #, etc. 27 City & State 2b. Zip 29	79 Ca.	,	3. Date Incorporated or Qualified 07/19/1994  4. FEI Number 59-3252600  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for in Florida Statutes	3a. Date of Last 06/30/  \$8.7 Fec. \$5.1 Add ntangible tax under	Report 1995 Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees
LONGWOOD FL 32779  LONGWOOD FL 32779  LONGWOOD FL 32779  3. Date Incorporated or Qualified Of Jas. Date of Last Rej On/19/1994 O6/30/199  2. Principal Place of Business 2.a. Malling Address 5.30 Suite. Apt. #, etc. 5. Suite. Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution	Country 2 Address of Current Re	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	79 Ca.	,	07/19/1994     4. FEI Number	\$8.7 Fee \$5.1 Add ntangible tax under	Applied For Not Applicable  5 Additional Required  0 May Be ed to Fees
2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-3252600	Country 2 Address of Current Re	26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	<b>⊢</b>	,	07/19/1994     4. FEI Number	\$8.7 Fee \$5.1 Add ntangible tax under	Applied For Not Applicable  5 Additional Required  0 May Be ed to Fees
Suite, Apt. #, etc.  Suite, Ap	Country 2 Address of Current Re	26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	<b>⊢</b>	,	<ul> <li>59-3252600</li> <li>5. Certificate of Status Desired</li> <li>6. Election Campaign Financing Trust Fund Contribution</li> <li>8. This corporation has liability for in Florida Statutes  Yes</li> </ul>	\$5.1 Add ntangible tax under	Not Applicable  5 Additional Required  00 May Be ed to Fees
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Country 2 Address of Current Re	Suite, Apt. #, etc. 27 City & State 28 Zip 29	<b>⊢</b>	,	5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for in Florida Statutes Yes	\$5.1 Add ntangible tax under	5 Additional Required 00 May Be ed to Fees
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   Country   Count	Country 2 Address of Current Re	City & State  28  Zip  29	<b>⊢</b>	,	Trust Fund Contribution  8. This corporation has liability for in Florida Statutes Yes	S5.l	00 May Be ed to Fees
Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax under s 1 Florida Statutes   Yes   No 9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name   10	Country 2 Address of Current Re	Zip 29	<b>⊢</b>	,	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under	
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   10. Name   10. Name	Address of Current Re		30	81 Name	Florida Statutes	□No	7 100.002,
IANNELLI, A. VICTOR 1795 SUNWOOD BLVD. LONGWOOD FL 32779  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 record familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. Ititle  PD DELETE  1.1 Title  NAME  IANNELLI, VICTOR A.  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  ST DELETE  1.4 CITY-ST-ZIP  INNELLI, VICKIE  1.705 SUNMOOD BLVD.  Change  Ch	/D.	<u> </u>		81 Name	TO. Name and Address of New Ac	aftisteten wäeut	
1795 SUNWOOD BLVD. LONGWOOD FL 32779  84 City  FL 85 Zip of Stip of City 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 a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or prolind name of registered agent and their application.  OFFICERS AND DIRECTORS  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 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 a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or prolind name of registered agent and their application.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.1 TITLE  Change  Change  Change  Change  Change  Change  ANNELLI, VICKIE  ANNELLIA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Change	<b>'</b> D.			1 1			
LONGWOOD FL 32779  83  84 City  FL 85 Zip 0  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 regor 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 a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or profited name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTITLE  NAME  IANNELLI, VICTOR A.  1.2 NAME  IANNELLI, VICTOR A.  1.3 STREET ADDRESS  CITY-SI-ZIP  LONGWOOD FL  INTITLE  ST  DELETE  2.1 TITLE  Change  Change  Change				82 Street Addr	ress (P.O. Box Number is Not Acceptable	6)	
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SIGNATURE  Signature, typed or printed name of registered agent and their application.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTE  NAME  IANNELLI, VICTOR A.  S'REET ADDRESS  CITY-SI-ZIP  INVAME  IANNELLI, VICKIE  IANNELLI, VICKI				,			'ip Code
SIGNATURE Signature, typed or printed name of registered agort and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTEE  IANNELLI, VICTOR A.  S'REET ADDRESS CITY-S1-ZIP  INDE  IANNELLI, VICKIE  IANN	, in the ottice of Horida. G	Jucii change was auti kitzi	eu ov me t	ive-named corpor corporation's boar	ation submits this statement for the purp rd of directors. I hereby accept the appoi	oose of changing its intment as registere	registered office d agent. I am
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  11/1 PD DELETE 1.1 TITLE  NAME IANNELLI, VICTOR A. 1.2 NAME  S'REET ADDRESS 1795 SUNWOOD BLVD. 1.3 STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 1.4 CITY-ST-ZIP  TITLE ST DELETE 2.1 TITLE  NAME IANNELLI, VICKIE 22 NAME			••				•
DELETE   DELETE   1.1 TITLE   Change   NAME   IANNELLI, VICTOR A.   1.2 NAME   1.2 NAME   1.3 STREET ADDRESS   CITY-SI-ZIP   LONGWOOD FL   1.4 CITY-SI-ZIP   TITLE   Change	<del></del>			Agent signature required			
1795 SUNWOOD BLVD.   1.3 STREET ADDRESS   1.4 CITY - ST - ZIP				ITLE	ADDITIONS/ORANGES TO OFFIC		ORS IN 12 Addition
CITY-ST-ZIP			1.2 NA	AME			_  ;
TITLE ST DELETE 2.1 TITLE Change NAME IANNELLI, VICKIE 22 NAME							į
NAME ANNELLI, VICKIE  1795 SLINNYOOD BLYD	/DTL	CT DELETE					
1705 SLINWOOD RIVD	VICKIE	C. percit				Change	Addition
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CITY-ST-ZIP LONGWOOD FL 24 CITY-ST-ZIP	)D FL		2401	TY-ST-ZIP			
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CITY-ST-ZIP 64 CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP			ĺ
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, 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 my oath; that I am an officer or oirector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that if appears in Block 12 or Block 13 if changed, or on an attachment with an address.	dicated on this annual reported or	ort or supplemental annu	shed and c	does not qualify fo	a and that my cianatura chall have the co	sma lagal offast on :	5

SIGNATURE: SIGNATURE AND TYPED OR PHINTED WAME OF SIGNING OFFICER OR DIRECTOR VICKIE /ANNELLI 4/23/96 (407)7743132.