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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067922 (2)

JANES, KEY & DINHO, P.A.

## FILED May 02 1997 8:00am Secretary of State



| Dilacia Diagram                      |   |   |                                       |                   |                                       |  |                                       |                      |             |
|--------------------------------------|---|---|---------------------------------------|-------------------|---------------------------------------|--|---------------------------------------|----------------------|-------------|
| Principal Place of                   |   | •   | Mailing Address                       |                   |                                       | 1 10011001 119 19711 81911 92111 92111   | raide Willia (MBIN 1911               | - 11 <b>417 ()</b>   |             |
| 1600 W EAU GALLIE<br>SUITE 203       | E BLVD  | 1600 W EAU GAI<br>SUITE 203                       | LLIE BLVD                             |                   |                                       |  |                                       |                      |             |
| MELBOURNE FL 326                     | 835   | MELBOURNE FL                                      | 32935-4149                            |                   |                                       |  |                                       |                      |             |
|                                      |   |   |                                       |                   |                                       | <ol> <li>Date Incorporated or Qualified<br/>09/15/1994</li> </ol>                        | 3a. Date of L<br>04/22/19             | ast Reg<br><b>96</b> | oort        |
| 2. Principal Place                   | of Business   | 2a. Mailing Add                                   | 2a. Mailing Address                   |                   |                                       | 4. FEI Number  |                                       | Appl                 | ied For     |
| 21                                   |   | 26  |                                       |                   |                                       | <b>59-3268022</b> Not Applicat   |                                       |                      |             |
| Suite, Apt. #, et                    | lc.   | Suite, Apt. #                                     | f, etc.                               |                   |                                       | 5. Certificate of Status Desired   |                                       |                      | ditional    |
| 22 City & State                      |   | City & State                                      |                                       |                   |                                       | 6 Slavia Ossais Sissis   | · · · · · · · · · · · · · · · · · · · | ee Req               |             |
| 23                                   |   | F-ı '   | 28                                    |                   |                                       | 6. Election Campaign Financing Trust Fund Contribution                                   | \$5.00 May Be Added to Fees           |                      |             |
| Zip                                  | Zip Country   |   | Zip Cou                               |                   | ,                                     | 8. This corporation has liability for in   |                                       |                      |             |
| 24                                   | 25  | 29  | 30                                    |                   |                                       | Florida Statutes   | Yes No                                |                      | 00.001      |
|                                      | , Name and Address of Curr  | ent Registered Agent                              |                                       | Ţ                 | · · · · · · · · · · · · · · · · · · · | 10. Name and Address of New Rec  | istered Agent                         |                      |             |
| JANES, I                             |   |   |                                       | 81                | Name                                  |  |                                       |                      |             |
|                                      | EAU GALLIE BLVD   |   | 82 Street Ad                          |                   |                                       | ddress (P.O. Box Number is Not Acceptable  | e)                                    |                      |             |
| SUITE 2                              |   |   |                                       |                   |                                       |  |                                       |                      |             |
| MELBOU                               | IRNE FL 32935   |   |                                       | 83                | i                                     |  |                                       |                      |             |
|                                      |   |   |                                       | 84                | City                                  |  | 85                                    | Zip Cc               | ode         |
|                                      |   |   |                                       |                   | '                                     |  |                                       |                      |             |
| 11. Pursuant to the office or regist | e provisions of Sections 607.09<br>tered agent, or both, in the Sta | 502 and 607.1508, Flor<br>te of Florida. Such cha | ida Statutes, the<br>nge was authoriz | abov<br>ed b      | e-named c                             | orporation submits this statement for the proration's board of directors. I hereby accep | urpose of chang<br>I the appointme    | ing its i            | registered  |
| agent. I am fa                       | miliar with, and accept the obl                                     | gations of, Section 607                           | .0505, Florida St                     | alule             | S.                                    | water of the control of the coop   | сто цррожите                          | , it us ic           | gistered    |
| SIGNATURE                            | Iture, typed or printed name of registered a                        |   |                                       |                   |                                       |  |                                       |                      |             |
| 12.                                  | <del></del>   | ND DIRECTORS                                      | (NOTE: Hegisto                        |                   | ent signature re                      | equired when reinstating)  ADDITIONS/CHANGES TO OFFICE                                   | DATE.                                 | TODE                 | IN 19       |
| TITLE DP                             |   |   |                                       | TITLE             | Т                                     | ACCUMENTATION OF THE STATE OF THE  | Ch                                    |                      | Addition    |
| NAME JA                              | nes, lark   |   |                                       | NAME              |                                       |  |                                       |                      |             |
| STREET ADDRESS 16                    | 00 W EAU GALLIE BLVD S  | UITE 203  |                                       |                   | ADDRESS                               |  |                                       |                      |             |
| CITY-ST-ZIP ME                       | LBOURNE FL  |   |                                       | CITY-S            |                                       |  |                                       |                      | ļ           |
| TITLE DS                             | •   |   |                                       | TITLE             |                                       |  | ☐ Ch                                  | ange                 | Addition    |
|                                      | Y, CATHERINE M.   |   | 2.2                                   | NAME              |                                       |  |                                       |                      | Ì           |
|                                      | 00 W EAU GALLIE BLVD S  | UITE 203  | 23                                    | STREET            | ADURESS                               |  |                                       |                      | ĺ           |
|                                      | LBOURNE FL  |   |                                       | CITY-             | S1 - ZIP                              |  |                                       |                      |             |
| TITLE DV                             |   |   | DELETE 3.1                            | 1111.6            | T                                     |  | ☐ Ch                                  | ange                 | Addition    |
|                                      | NHO, ELAINE B   |   | 3.2                                   | NAME              |                                       |  |                                       |                      |             |
| 4.00                                 | 00 W EAU GALLIE BLVD S  | UIIE 203  | 33                                    | STREET            | ADDRESS                               |  |                                       |                      |             |
| Olli Si-Eli                          | LBOURNE FL  | ·   |                                       | CITY-             | \$1 - 7(P                             |  |                                       |                      |             |
| TITLE                                |   |   |                                       | TITLE             |                                       |  | ☐ Ch                                  | ange                 | Addition    |
| NAME .                               |   |   |                                       | NAME              |                                       |  |                                       |                      |             |
| STREET ADDRESS                       |   |   | 4.3                                   | STREET            | ADDRESS                               |  |                                       |                      |             |
| CITY-ST-ZIP                          |   |   |                                       | CHY-S             | ST - ZIP                              |  |                                       |                      |             |
| TITLE                                |   | L U   |                                       | 111LF             |                                       |  | ∐ Ch                                  | ange                 | Addition    |
| NAME<br>STOREY ADORESS               |   | •   |                                       | NAME              | ADENESS                               |  |                                       |                      |             |
| STREET ADDRESS                       |   |   |                                       |                   | ADDRESS                               |  |                                       |                      |             |
| CITY-ST-ZIP<br>TITLE                 |   |   |                                       | CITY - S<br>TITLE | 51 - 7IP                              |  | ☐ Ch                                  | 9006                 | Addition    |
| NAME .                               | :   | L 0   |                                       |                   |                                       |  | LI (/I)                               | arige                | L MUDIEIUII |
| , , I ,                              | ·<br>•  |   |                                       | NAME<br>CIDELT    | AUDDLOG                               |  |                                       |                      |             |
| CITY-ST-ZIP                          | •   |   |                                       |                   | ADDRESS                               |  |                                       |                      |             |
|                                      | ertify that the information suppl                                   | ied with this filma does                          |                                       | CIIY-S<br>e ex∈   |                                       | ited in Section 119.07(3)(i), Florida Statutes   | Lituriher certify                     | that th              |             |

I do hereby charify 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 truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13-if changed, or on an attachment with an address.

CICMATURE.

thering M. Kees Sinota

4/24/2

407-162-6000