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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000072817 (7)**

## **FILED** Feb 11 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  440 BROAD STREET 440 BROAD STREET MASARYKTOWN FL 34609-7401													
								1	Date Incorporated or Qualified 10/03/1994	1	ate of Last f /26/1996	Report	
2. Principal	Place of Business		2a.	2a. Mailing Address					FEI Number			pplied For	
21			26					<b>59-3271391</b> Not Applicab			ot Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional	
City & Sta			27	City & State			······································	<del>  _</del>	El elle O estate El estate			lequired	
23			28	ony B oldic				6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip		Country		Zıp	Co	untry		8.	This corporation has liability for				
24	25		29		30				Florida Statutes	Yes	□ No	,	
	g, Name and	Address of Current	t Regis	tered Agent				10.	Name and Address of New R	egistered	Agent		
	JNDREANU, IOA					81	Name						
25215 CAMP CASTLE ROAD						82 Street Adi			fress (P.O. Box Number is Not Acceptable)				
BR	OOKSVILLE FL			83					<del> </del>				
						84	City			FL	<b>85</b> Zip	Code	
11 Pursuan	d to the provisions	of Sections 607 0502	2 and 6	07 1508 Florida Statut	es the a	bove	a-named corpo	oration	submits this statement for the	nuroosa o	of changing	ts registered	
agent I SIGNATURE		and accept the obligation and manie of registered ager					S. Int signature required		n submits this statement for the oard of directors. I hereby accer	DAYE			
12.		OFFICERS AND	DIFFE	CTORS	13.			-	ADDITIONS/CHANGES TO OFF	CERS AN	O DIRECTO	RS IN 12	
TITLE	P			☐ DELETE	1.13	TITLE					Change	Addition	
NAME	MANDREAN	•			1.21	NAME							
STREET ADDRESS					1.3 5	STREET	ADDRESS						
CITY-S1-ZIP	BROOKSVILI	F FI											
TITLE				Delete		CITY-S	T-ZIP				T 0	T taken	
A	VP		·	☐ DELETE	2.1 7	TITLE	7 - ZIP	·· <del>···</del> ·····		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME.	MUNDREAN	U, JOAN	<u> </u>	☐ DELETE	2.1 T 2.2 I	TITLE NAME				,	Change	Addition	
STREET ADDRESS	MUNDREAN 25215 CAMP	U, JOAN CASTLE RD	<del></del>	DELETE	2.1 1 2.2 I 2.3 S	TITLE NAME STREET	ADDRESS		. P	· · ·	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	MUNDREAN 25215 CAMP BROOKSVILI	U, JOAN CASTLE RD		☐ DELETE	2.1 T 2.2 F 2.3 S 2.4	TITLE NAME STREET CITY-S	ADDRESS				☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP	MUNDREAN 25215 CAMP BROOKSVILI S MANDREAN	U, JOAN P CASTLE RD LE FL J, MARIANA			2.11 2.25 2.35 2.4 3.11 3.21	TITLE NAME STREET CITY-S TITLE NAME	ADDRESS ST - ZIP			1.5			
STREET ADDRESS CITY-ST-ZIF TITLE NAME	MUNDREAN 25215 CAMP BROOKSVILL S MANDREAN	U, JOAN P CASTLE RD LE FL J, MARIANA IISCH WAY			2.11 2.21 2.35 2.4 3.11 3.21 3.35	TITLE NAME STREET CITY-S TITLE NAME	ADDRESS ST-ZIP ADDRESS			/ <u>*</u> *.			
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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 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 trustee empowered to exercise 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.