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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P94000087063 (1)

Principal Piace of Business Mailing Address 390 NORTH ORANGE AVE. SUITE 2500 ORLANDO FL 32801 ORLANDO FL 32801-1642 3. Date incorporated or Qualified 11/23/1994 06/20/1996 2. Principal Piace of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Piace of Business 2c. Mailing Address 2d. Mailing Address 2f. Suite, Apt. #, etc. 2f. Suite, Apt. #, etc. 2f. Suite, Apt. #, etc. 2f. City & State 2f. City & State 2g. City & State 2g. Country 2g. Suite, Apt. #, etc. 2g. Country 2g. Suite, Apt. #, etc. 2g. Country 2g. Coun
SUITE 2500 ORLANDO FL 32801 SUITE 2500 ORLANDO FL 32801-1642 3. Date Incorporated or Qualified 11/23/1994 06/20/1996 2. Principal Place of Business 2a. Malling Address 4. FEI Number Applied For 59-3285521 Not Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No 9. Name and Address of Current Registered Agent Suite 2500 ORLANDO FL 32801-1642 3. Date Incorporated or Qualified 11/23/1994 06/20/1996 4. FEI Number Applied For 59-3285521 Not Applied For
11/23/1994 06/20/1996 12/23/1994 06/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3285521 Not Applicat 59-3285521 Not Applicat 59-3285521 Suite, Apt. #, etc. 50. Certificate of Status Desired 56. Certificate of Status Desired 56. Election Campaign Financing 55.00 May Be 7 rust Fund Contribution Added to Fees 7 rust Fund Contribution Added to Fees 7 rust Fund Contribution Added to Fees 7 rust Fund Contribution 8 rust Fund Fund Fund Fund Fund Fund Fund Fund
2. Principal Place of Business 2a. Malling Address 4. FEI Number Applied For 59-3285521 Not Applied For Not Applied For 59-3285521 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 23 Zip Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes No. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country Country Country Statutes City & Status Desired Fee Required Fee
22 27 5. Certificate of Status Desired Fee Required
City & State Country Coun
23 Trust Fund Contribution ☐ Added to Fees Zip Country Zip Country 25 Sp
24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
Alla
390 N. ORANGE AVE. 62 Street Address (P.O. Box Number is Not Acceptable)
SUITE 2500
ORLANDO FL 32801
84 City FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pared corporation submits this statement for the purpose of changing its registers.
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 agreet the obligations of, Section 607 0595, Florida Statutes.
SIGNATURE SOUTH SIGNATURE 1-8-91
Signature typed or primer of the of registered agent and the if applicable NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS IN 12.
TITLE D DÉLETE 1.1 TITLE Change Addit
NAME SWEARINGEN, S. WAYNE 1.2 NAME
STREET ADDRESS 8866 DARLENE DR. 1.3 STREET ADDRESS "
CITY-SI-ZIP
NAME 2.2 NAME
STREET ADDRESS 23 STREET ADDRESS
City-S1-ZiP 2 4 City-S1-ZiP
TITLE DELETE 31 TITLE Change Addit
NAME 32 NAME
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CITY-ST-ZIP
CITY-ST-ZIP
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CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

14. I do hereby certify that the information supplied with information indicated on this annual report of supplication an officer or director of the corporation or the rappears in Block 12 or Block 13 if charged, or on a

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

1-3-97

of win this filling boos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the supplieryout annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if the recover or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name or on a state of the same legal effect as if made under oath; that or on a state of the same legal effect as if made under oath; that or on a state of the same legal effect as if made under oath; that or on a state of the same legal effect as if we have a same legal

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Feb 12 1997 8:00am

Secretary of State