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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

SIGNATURE: _

P95000002193 (7)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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|--|--|---|---|---|
| Principal Place of Business | Mailing Address | | | |
| 608 E. CENTRAL BLVD. ORLANDO FL 32801 | 608 E. CENTRAL B Orlando Fl 3260 | | | |
| Principal Place of Business | | | 3. Date Incorporated or Qualified 01/06/1995 | 3a. Date of Last Report |
| 1017 E South Stre | 2a. Mailing Address | | 4. FEI Number | Applied For |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | South Street | 59-3295721 | Not Applicat |
| Suite B | · · | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | 27 Suite B City & State | | | Fee Required |
| 3 Orlando FL | 28 Orlando | FL | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| Zip Country | Zip | Country | | Added to Fees |
| 4 32801 25 Orang | ge 29 32801 | 30 Orange | 8. This corporation has liability for in Florida Statutes Yes | ntangible tax under s. 199.032, |
| 9. Name and Address of | Current Registered Agent | | 10. Name and Address of New Re | |
| | | 81 Name | | - Bratosea Manit |
| HILL, CAREY | | 82 Street Add | fress (P.O. Box Number is Not Acceptable | · · · · · · · · · · · · · · · · · · · |
| 390 N. ORANGE AVE. | | Sileet Add | iress (F.O. box Number is Not Acceptable | e) |
| SUITE 800 | | 83 | | |
| ORLANDO FL 32801 | | 84 City | | · · · · · · · · · · · · · · · · · · · |
| Pursuant to the provisions of Sections 60; or registered agent, or both, in the State of familiar with and account the orbital. | | 1 1 1 1 | | FL 85 Zip Code |
| SIGNATURE | r, Section 607.0505, Florida Statutes |). | | a see a good of |
| SIGNATURE Signature, typod or printed name of registers 12. OFFICER | art agent and title if applicable. (NC AS AND DIRECTORS | TE: Flegistered Agent signature require | | DATE |
| SIGNATURE Signature, typod or printed name of registers 12. OFFICER TILE D | and agent and title of applicable. | DTE: Registered Agent signature require 13. 1.1 TITLE | d when reinstating) | DATE |
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