COF	PROFIT RPORATION JAL REPORT 1996	Sandra I Secreta	RTMENT OF STATE  B. Mortham iry of State CORPORATIONS		
DOCU	MENT # P950	00007850 (7	}		
	S IMPORT PERFORMANC	•			
		_,			
Principal Place of Business		Mailing Address		4 ARBITERI TIR HOTOL BINGT BERIT BRING BI	NITE BOLLE BORET EDBOT BERNE BOLLE BOLLE BORE
2220 NORTH ORANGE AVE. ORLANDO FL 32804		2220 NORTH ORANGE ORLANDO FL 32804	AVE.		
				3. Date Incorporated or Qualified 01/25/1995	3a. Date of Last Report
· · ·	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	#, etc	Suite, Apt #, etc		59-3186175	Not Applicable  \$8.75 Additional
22 City & Stat	Δ	City & State		5. Certificate of Status Desired	Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z (p	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199 032, Yes No.
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Rec	
PHILLIPS, RICHARD L 139 GRAND JUNCTION BLVD.				ress (P.O. Box Number is Not Acceptable	
	RLANDO FL 32835		83	ress (F.O. Box Number is No. Acceptable	
			84 City		Tool 7 Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508 Florida Statute	,	poration submits this statement for the pu	FL 85 Zip Code
	egistered agent, or both, in the Stal m familiar with, and accept the obli			ion's board of directors. Thereby accept	rpose of changing its registered the appointment as registered
SIGNATURE	Signature typed or printed name of registered a	egent and other dispert cubic (NOT)	E. Registered Agent signature requ	Activities terrol coop	Dalı
12. TITLE	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
NAME	President Richard L Phillips 139 Grand Junction	☐ DELETE	1 1 TITLE 1 2 NAME		Change Addition 8
STREET ADDRESS			1.3 STREET ADORESS		EE034
CITY-ST-ZIP TITLE	wite Dracidant	.835	1 4 CITY - ST - ZIP 2 1 TIFLE		Change Addition
NAME STREET ADDRESS	Laura A. Rillips 139 Grand Junction	. 13 wel	2.2 NAME		
CITY-ST-ZIP	Orlando A 3283		2.3 STREET ADDRESS 2 4 CITY - ST - ZIP		
TITLE NAME		DELETE	3 1 TITLE		Change Addition
STREET ADDRESS			3 2 NAME 3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	34 CHY-ST-ZIP		Chara Addition
			4. 2 NAME		Change Addition
NAME			4 3 STREET ADDRESS		
STREET ADDRESS			4 4 CITY - ST - ZIP		Change Addition
		DELETE	5.1 TITLE		
STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME		DELETE	5.2 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE		DELEFE	l l		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DEFELE	5.2 NAME 5.3 STHEET ADDRESS 5.4 C/TY-SY-ZIP 6.1 TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			5 2 NAME 5 3 STREET ADDRESS 5 4 City - SS- ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	by certify that the information survey.	DELETE	5 2 NAME 5 3 STHEET ADDRESS 5 4 C/TY - ST - Z/P 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 C/TY - ST - Z/P	life for the executive state of Co.	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereb further ce made und	rtily that the information indicated of der oath, that I am an officer or direc	ied with this filing is voluntarily fur in this annual report or supplement to force of the received in the re	5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST- ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST- ZIP rnished and does not qualifial annual report showers	lify for the exemption stated in Section 1: and accurate and that my signature shall d to execute this report as required by C	9 07(3)(k) Florida Statutes I
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereb further ce made und	ruly that the information indicated of der oath, that I am an officer or direc ame appears in Block 12 or Block 13	ied with this filing is voluntarily fur on this annual report or supplementor of the corporation or the rece 3 if changing or on an attachmen	5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST- ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST- ZIP rnished and does not qualifial annual report showers	and accurate and that my signature shall dito execute this report as required by Co	9 07(3)(k) Florida Statutes 1 have the same legal effect as if napter 617, Florida Statutes, and