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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 24 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016068 (5)

Principal Place	ENVIRONMENT of Business RLANDO PARKWAY	IAL SERVICES	Mailing Address 3926 8 LAKE ORL	ANDO PARKWAY							
OFLANDO FL 32808			ORLANDO FL 32808-3006			ţ					
"ď						3. (	Date Incorporated or	Qualified	3a. Dat	e of Last F	eport
			I				02/27/1995		06/2	8/1996	
<del></del> -1	ace of Business		<b>2a.</b> Mailing Addre	288		4.	FEI Number			}	oplied For
Sulte, Apt. #	f etc		26 Suite, Apt. #,	elc			59-3305236	····			ot Applicabl Additional
22			27			5. (	Certificate of Status D	Desired			equired
City & State			City & State			6. [	Election Campaign F	inancing		\$5.00	May Be
23			28				Trust Fund Contributi	ion			to Fees
Zip	Cou	ntry	Zip		untry	)	This corporation has				. 199.032,
24	25 25	iress of Current P	29	30	T		f lorida Statutes Name and Address		Yes [		·
VINO		JIOSS OF CUITETIC	iegistoreo Agent	<u>-</u>	61 Name	10.	Hame and Address	OF HEW HE	Bioreson y	Bour	
	AID, DAVID H S LAKE ORLAND	O DADKWAY			100	4 1 1 10	<u> </u>				
	NDO FL 32808	VIANNAI			82 Street A	daoress (P.	O. Box Number is No	or Acceptar	ole)		
0110	1100 12 02000				83					····	
					84 City					85 Zip	Code
									FL	03 Z ip	
11. Pursuant to	o the provisions of S	actions 607 0502 a					- 1	ant for the s	ournose of	changing i	ts registered
office or re	agistered agont, or b	oth in the State of	and 607.1508, Florid Florida, Such chai	a Statutes, the a	bove-named	corporation poration's be	i submits this stateme pard of directors. The	ent for the b	of the anno	intment as	registered
office or re agent. I an	egistered agent, or b in familiar with, and a	oth, in the State of occept the objection	and 607.1508, Elorid Florida Such char ons of Section 607.0	a Statutes, the a ge was authorize 3505, Florida Sta	bove-named of by the corp tutes.	corporation poration's bo	submits this statemed pard of directors. The	ent for the t preby accep	ot the appo	intmont as	registered
SIGNATURE _	·		and 607, 1508, Elprid Florida Such chan ins of Section 607.0		ID H.	1 11	こく こうしょう	preby accep	of the appo	intment as	registered
SIGNATURE	egistered agent, or b n familiar with, and a Signature, lyped or printed in	anie of registered agent a	nd tue if applicable	(NOTE: Register		required when r	reinstating)		DATE		/
SIGNATURE _	·		nd tue if applicable	(NOTE: Registere	ed Agent signature	required when r	こく こうしょう		DATE CERS AND		RS IN 12
SIGNATURE 5	Stonature, typed or printed r	OFFICERS AND D	ind tille if applicable DIRECTORS	(NOTE: Registere	d Agent signature	required when r	reinstating)		DATE CERS AND	DIRECTOR	RS IN 12
SIGNATURE 5	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKW	nd (i.e.) if applicable DIRECTORSDE(	(NOTE Register 13. LETE 1.11	d Agent signature	required when r	reinstating)		DATE CERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, lyped or printed in D KINCAID, DAVID	Anic of registrative agonal a OFFICERS AND E H NANDO PARKW	nd the Happiscable DIRE CTORS DEL	(NOTE: Register. 13. LETE 1.1T 1.2N 1.3 S 1.4 C	IT LE IAME PREET ADDRESS ITY-S1-7IP	required when r	reinstating)		DATE CERS AND	DIRECT OF Change	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKW	nd (i.e.) if applicable DIRECTORSDE(	(NOTE Register. 13. ETE 1.11 12.N 13.5 1.40 .ETE 2.11	ITLE IAME TREET ADDRESS ITTY-S1-7IP	required when r	reinstating)		DATE CERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKW	nd the Happiscable DIRE CTORS DEL	(NOTE Registers 13. ETE 1.11 12.N 13.5 14.0 ETE 2.11 22.N	IT Agent signature  ITCE  IAME  ITREET ADDRESS  ITLY- S1- ZIP  ITLE  IAME	required when r	reinstating)		DATE CERS AND	DIRECT OF Change	RS IN 12
SIGNATURE  12.  1ITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKW	nd the Happiscable DIRE CTORS DEL	(NOTE Registers 13. ETE 1.11 12.N 1.3.5 1.4.0 ETE 2.11 22.N 23.5	IT Agent signature  IT LE  IAME  PREET ADDRESS  IT LY ST-7IP  IT LE  IAME  IREET ADDRESS	required when r	reinstating)		DATE CERS AND	DIRECT OF Change	RS IN 12
SIGNATURE  12.  11ILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKW	MIC II E PRINCENSIO  DIRECTORS  DEL  AY	(NOTE Registers 13. ETE 1.11 12.N 13.5 1.4.0 2.11 22.N 23.5 2.4.4	ITA Agent signature  ITLE  IAME  PREET ADDRESS  ITLY-S1-7IP  ITLE  IAME  IAME  IAME  IREET ADDRESS  CITY-S1-ZIP	required when r	reinstating)		DATE CERS AND	DIRECT OF Change	RS IN 12 Additio
SIGNATURE  12.  11ILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKW	nd the Happiscable DIRE CTORS DEL	(NOTE Registers 13. ETE 1.11 12.N 1.3.5 1.4.0 2.11 22.N 23.5 2.4.1 ETE 3.11	ITA Agent signature  ITA Agent	required when r	reinstating)		DATE CERS AND	DIRECT OF Change	RS IN 12 Additio
SIGNATURE  12.  11.  NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKWA	MIC II E PRINCENSIO  DIRECTORS  DEL  AY	(NOTE Registers 13. ETE 1.11 12. 13.5 14.0 ETE 2.11 22.N 23.5 2.44 ETE 3.11 32.N	ITA Agent signature  ITA Agent	required when r	reinstating)		DATE CERS AND	DIRECT OF Change	RS IN 12 Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKWA	AY	(NOTE Registers 13. ETE 1.11 12.N 13.5 1.4.0 2.11 22.N 23.5 2.4 ETE 3.11 32.N 33.5	AND Agent signature  ITLE  IAME  PREET ADDRESS  ITLY-S1-7IP  ITLE  IAME  IREET ADDRESS  CITY-S1-ZIP  ITLE  IAME  IREET ADDRESS  CITY-S1-ZIP  ITLE  IAME  IAME	required when r	reinstating)		DATE CERS AND	DIRECT OF Change	RS IN 12 Additio
SIGNATURE  12.  11.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKWA	MIC II E PRINCENSIO  DIRECTORS  DEL  AY	(NOTE Registers 13. ETE 1.11 12.N 13.5 1.4.0 2.11 22.N 23.5 2.4 ETE 3.11 32.N 33.5	ITA Agent signature  ITLE  IAME	required when r	reinstating)		DATE CERS AND	DIRECT OF Change	RS IN 12 Additio
SIGNATURE  12.  11.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKWA	AY	(NOTE Registers 133 .ETE 1.11 .124 .135 .146 .ETE 2.11 .226 .238 .244 .ETE 3.11 .326 .338 .34.4 .ETE 4.11	ITA Agent signature  ITLE  IAME	required when r	reinstating)		DATE CERS AND	DIRECT OF Change  Change  Change	RS IN 12 Additio
SIGNATURE  12.  11.  NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKWA	AY	(NOTE Registers  133 ETE 1.11 124 135 146 211 225 235 2.41 ETE 3.11 326 338 34.4 ETE 4.17 4.21	AND Agent signature  ITLE  IAME  IPRET ADDRESS  ITLY-S1-ZIP  ITLE  IAME  IRET ADDRESS  CITY-S1-ZIP  ITLE  IAME	required when r	reinstating)		DATE CERS AND	DIRECT OF Change  Change  Change	RS IN 12 Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKWA	AY DEL	(NOTE Registers 133 .ETE 1.11 .124 .135 .146 .ETE 2.11 .225 .24( .ETE 3.11 .326 .338 .34.( .ETE 4.11 .ETE 4.11 .ETE 4.11 .ETE 4.11	AND AGENT SIGNATURE  ITLE  IAME  IPRET ADDRESS  ITLY-S1-ZIP  ITLE  IAME  IREET ADDRESS  CITY-S1-ZIP  ITLE  IAME  I	required when r	reinstating)		DATE CERS AND	DIRECT OF Change  Change  Change	RS IN 12 Additio Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKWA	AY DEL	(NOTE Registers  13. ETE 1.11 12. 13.5 14.0 23.5 2.40 23.5 2.40 33.5 3.4. ETE 4.11 4.21 4.35 4.46 LETE 5.11	AND AGENT SIGNATURE  ITLE  IAME  IPRET ADDRESS  ITLE  IAME  IPRET ADDRESS  CITY-S1-ZIP  ITLE  IAME  IA	required when r	reinstating)		DATE CERS AND	DIRECT OF Change  Change  Change	RS IN 12 Additio Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKWA	AY DEL	(NOTE Registers  13.  ETE 1.11  12.  13.  14.  21.  22.  23.  2.4(  33.5  3.4(  4.2(  4.35  4.2(  4.35  4.46  LETE 5.17  5.2.  5.2.	AND AGENT SIGNATURE  ITTLE  IAME  IPRET ADDRESS  ITTLE  IAME  IPRET ADDRESS  CITY-S1-ZIP  ITTLE  IAME	required when r	reinstating)		DATE CERS AND	DIRECT OF Change  Change  Change	RS IN 12 Additio Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKWA	AY DEL	(NOTE Registers 13. ETE 1.11 12.N 13.5 1.40 23.9 2.40 23.9 2.41 32.N 33.8 34.1 ETE 4.11 4.21 4.35 4.46 ETE 5.17 5.2.N 5.3.8	ITALE  JAME	required when r	reinstating)		DATE CERS AND	DIRECT OF Change  Change  Change	RS IN 12 Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKWA	AY DEL	(NOTE Registers 133 LETE 1.11 124 135 146 231 228 2.41 LETE 3.11 328 33.4 LETE 4.11 4.21 438 4.66 LETE 5.17 528 536 546	AND AGENT SIGNATURE  ITTLE  IAME  IPREET ADDRESS  INTY-S1-ZIP  ITTLE  IAME  IPREET ADDRESS  CITY-S1-ZIP  ITTLE  IAME  IPREET ADDRESS  CITY-S1-ZIP  ITTLE  IAME  IA	required when r	reinstating)		DATE CERS AND	DIRECT OF Change  Change  Change	RS IN 12 Additio Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKWA	AY DEL	(NOTE Registers  13.  ETE 1.11  12.  13.  14.  21.  22.  23.  2.4(  33.  34.(  4.2(  4.3)  4.2(  4.3)  4.46  LETE 5.17  5.20  5.30  5.40	ITALE  JAME	required when r	reinstating)		DATE CERS AND	DIRECT OF Change  Change  Change  Change	RS IN 12 Additio Additio Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D KINCAID, DAVID 3926 S LAKE OF	Anic of registrative agonal a OFFICERS AND E H NANDO PARKWA	AY DEL	(NOTE Registers 13. ETE 1.11 12.N 13.5 1.40 23.5 2.41 23.5 2.41 32.N 33.S 3.4.1 ETE 4.11 4.21 4.32 4.35 4.46 5.17 5.2.N 6.3.S 5.40 1ETE 6.11	ITALE  JAME	required when r	reinstating)		DATE CERS AND	DIRECT OF Change  Change  Change  Change	RS IN 12 Additio Additio Additio

RIGNATURE: 1 24 1697 (407) 578-388