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

Principal Place of Business 1640 ROSWELL ST #6 SMYRNA GA 30080 POCCUMENT # P95000017450 (P95000017450 (Mailing Address 4407 VINELAND RD D-16 ORLANDO FL 3281			14 ft fg. 14 ft fg. 14 ft fg. 15 ft		
					Date of Last Report 8/01/1996
2. Principal Piace of Business		2a. Mailing Address		4. FEI Number	Applied For
21 Suite Apt #, etc.		Suite, Apt. #, etc.		59-3316669	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution L. 8. This corporation has liability for intanging the state of the sta	Added to Fees
24	25	29	30		No
=1	9. Name and Address of Curre			10. Name and Address of New Registers	ed Agent
PUP	RRINGTON, MARGARET		81 Name		
440	7 VINELAND AD		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
# D-			02		
UHL	ANDO FL 32811		83		,
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	ites, the above-named co	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered
SIGNATURE	am familiar with, and accept the obli- lagratur, typister processione of registered a OFFICERS AI		DTE Registered Agent signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
THE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEARDSLEY, HENRY		1.2 NAME		,
STREET ADDRESS	9106 BAY POINT DR.		1.3 STREET ADDRESS		
C(1Y+S1+20)	ORLANDO FL 32819	T person	1.4 CITY-ST-ZIP		
TETLE	D Purrington, Margaret	☐ DELETE	2.1 TITLE		Change Addition
NAME	4407 VINELAND RD D-18		2.2 NAME		
STREET ADDRESS CITY - ST- ZIP	ORLANDO FL 32811		23 STREET ADDRESS		
THE		DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		<u></u>	3.2 NAME		• · · · · · · · · · · · · · · · ·
STREET ADDRESS			3.3 STREET ADDRESS		
C(1Y+S1+20F			3.4. CITY - ST - ZIP		
าแน		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		į.
C(TY+S1-7)P		There exe	4.4 CITY-ST-ZIP		Chan-a Lader-
7111 6		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CHY ST-ZIF		DELETE	5.4 CITY - ST - ZIP 61 TITLE		Change Addition
NAMU		E-1 Decese	62 NAME		Emil Granigo Emil Manifoli)
STREET ADORESS			6.3 STREET ADDRESS		
Caty St. 2IP			6.4 City-St-ZiP		

14. It is 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 innual 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

FILED

Apr 10 1997 8:00am

Secretary of State