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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 POCUMENT # P95000017850 (5)

	V SCHURRER ASSOCIATES,	INC. Mailing Address			
215 N. EOLA D ORLANDO FL		215 N. EOLA DRIVE ORLANDO FL 32801-2028			
2	Hace of Bushoss	T.O. Melling Address	The second se	3. Date Incorporated or Qualified 03/03/1995	3a. Date of Last Report 03/11/1996
2. Principal F	race of bushuss	2a. Mailing Address		4. FEI Number 59-3307829	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b>	Country	28   	Country	Trust Fund Contribution  8. This corporation has liability for it	Added to Fees
24	25	29	30		Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
215	inson, Loran a n. Eola drive ando fl 32801		82 Street Ad 83 84 City	idress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
office or lagent La	registered agent, or both, in the State of im familiar with, and accept the obligation familiar with and accept the obligation of the state of the	t and title if applicable (NOT	authorized by the corpor orida Statutes.  E. Registered Agent signature rec.  13.	orporation submits this statement for the pration's board of directors. I hereby acceptured when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE
1111.6	PD	☐ DELETE	1.1 TITLE	PD	Change Addition
NAME STREET ADORESS DITY ST-789	SCHURRER, RICHARD C 15376 WETHERBURN CT. CENTREVILLE VA		1.2 NAME 1.3 STREET ADDRESS 1.4 CHTY-ST-ZIP	SCHURRER, RICHARD C. 612 Timberwilde Ct. Winter Springs, FL 32	708-6168
101.F	VPTD	DELETE	2.1 TITLE		Change Addition
NAME	BARROW, ROBERT B		2 2 NAME		
STREET ADDRESS	15376 WETHERBURN CT.		2.3 STREET ADDRESS	,	
CITY - S1 - ZIP	CENTREVILLE VA	DELETE	2. 4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
THILE NAME	VPSD SCHURRER, JEFFREY K	L] better	3.1 TITLE 3.2 NAME		" Fit Amande Fit voquion
STREET ADDRESS	15376 WETHERBURN CT.		3.3 STREET ADDRESS		
CITA - 21 - VIS	CENTREVILLE VA		34. CITY-ST-ZIP		
<b>J</b> II.E		DELETE	4.1 TITLE		Change Addition
NAM <del>1</del>			4. 2 NAME		
STREET ADDRESS	}		4.3 STREET ADDRESS		
*CHY+S1-ZIP TITLE		DELETE	4.4 CiTY-ST - ZiP 5.1 TITLE		Change Addition
NAME		hand water, th	5.2 NAME		المادان المادان المادان المادان المادان
STREET AODRESS			5.3 STREET ADDRESS		
CITY 51-76			54 CITY-ST-ZIP		
TILLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
POLY OF DE	İ		SACITY, ST. 7IP		

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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

SIGNATURE:

GURTURE AND VEGORE DEINTERVAME SCHOOL OF THE SOCIETY OF THE SE

3.7-97 (407)327-776

**FILED** 

Apr 04 1997 8:00am

Secretary of State

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