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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000028319 (8)

SUSAN WEED, INC.

STREET ADDRESS

SIGNATURE:

Pracipal Fraction of Business Mailing Address 2221 EXCALIBUR DR. 2221 EXCALIBUR DR. ORLANDO FL 32822-8309 ORLANDO FL 32822 3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1995 02/02/1996 2a. Mailing Address 2. Pried rad Place of Business 4. FEI Number Applied For 59-3313561 21 26 Not Applicable Suite. Apt. #, etc. Stuite, Apr. #. cb \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Ziti Z_{10} 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WEED, SUSAN 2221 EXCALIBUR DR Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32822 83 R4 Zip Code 11. Pursicial to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Familiary with and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE (NOT). Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addit on 166.1 Đ 1.1 III!:E WEED, SUSAN J 1.2 NAME R2E034 2221 EXCALIBUR DR. 1.3 STREET ADDRESS STREET ACCESS. ORLANDO FL 32822 1.4 CITY-\$T-ZIP f 17 5 DELETE Addition 21.000 Change 7-114 NAV 2.2 NAME STREET ADMINIS 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP CHY ST DELETE Change Addition 3 1 TITLE 100 NAME 3.2 NAME 3.3 STREET ADDRESS 당하다 취하다고 34 CHTY-ST-7IP Oly of DELETE Change Addition 4 1 TITLE 1.03 NAME OF 4 2 NAME 4.3 STREET ADDRESS STREET ATOURT 4.4 CHY - ST - ZIP CHY SEZH DELETE Change Addition THE 5.1 TITLE 5.2 NAME NAM: 5.3 STREET ADDRESS STREET ADDRESS : 5.4 CITY - ST - Z:P CIY SLZE DECLITE Change Addition 6.1 T-TLE 111 6.2 NAME

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

reformation indicated as this aroual 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 a annual report as required by Chapter 607, Florida Statutes; and that my name

14. I do 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

appears in Black 12 or Block 13 if changed, or on an affactment with an address.