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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 17 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000043335 (5)

DENION & ASSOCIATES, P.A.

Principal Plac	e of Business	Mailing Address	Mailing Address								
1025 SOUTH SEMDRAN BLVD SUITE 1093 WINTER PARK FL 32792			1025 SOUTH SEMDRAN BLVD SUITE 1083 WINTER PARK FL 32792-5511								
		***************************************	V 11			3. Date Incorporated or C	Qualified	3a. Da	te of Last F	Report	
						06/02/1995		05/0	1/1996	,	
2. Principal P	Place of Business	2a. Mailing Address					59-3		*****	pplied For	
21		26				APPLIED FOR	7	906	N	ot Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status De	sired			Additional	
22		27							Fee R	equired	
City & Stat	lo	 	City & State			6. Election Campaign Fin				May Be	
Zip Country		28	Country			Trust Fund Contribution		<u> </u>		to Fees	
24	25	30	y		 This corporation has lift Florida Statutes 			tax under s 1 No	s. 199,032,		
24 25 29 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
DEN	IION, JOSEPH B		81	Na	me				T		
1025 SOUTH SEMDRAN BLVD			60	62 Street Address (P.O. Box Number is Not Acceptable)				-1-1		 	
	TE 1093		02	Sin	eet Addres	ss (P.O. Box Number is Not	Acceptat	DIB) .		•	
	ITER PARK FL 32792		63								
									75-1 3:-	O- 1-	
			84	Cit	у			FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508. Florida Statul	les, the abov	e-nan	ned corpo	ration submits this statemer	t for the p	ourpose of	changing i	its registered	
office or r	registered agent, or both, in the am familiar with, and accept the i	State of Florida. Such change was obligations of, Section 607.0505, Fl	authorized b orida Statute	y the	corporatio	n's board of directors. I her	by acce	pt the appx	intment as	s registered	
SIGNATURE								•			
	Signature typed or printed name of register			ent sign	ature required	when reinstating)		DATE			
12.	1	S AND DIRECTORS	13.			ADDITIONS/CHANGES	TO OFFI	CERS AND			
TITLE	D DELIGNA ADDEDICE	DELETE	1.1 TITLE						L Change	Addition	
NAME	DENION, JOSEPH B 1100 S ORLAND AVE #	-ca		1.2 NAME							
STREET ADDRESS		300	1.3 STREE		:SS						
CITY - ST - ZIP TITLE	MAITLAND FL 32751	DELETE	1.4 CITY-1	ST-ZIP					Change	Addition	
	1100 S. ORIANI	oo Ave	2.1 TITLE		İ				Change	L AQQIIIOII	
NAME CIDEET ADDRESSE	#508		2.2 NAME								
STREET ADDRESS			2.3 STREE		:35						
CITY - ST - ZIP TITLE		DELETE	2.4 CITY- 3.1 TITLE	51-ZIP					Change	Addition	
NAME			3.2 NAME					•	hand withings	had i same.	
STREET ADDRESS			3.3 STREE		22:						
CITY - ST - ZIP			3.4. CiTY-								
TITLE		DELETE	4.1 TITLE	01 24					Change	Addition	
NAME			4. 2 NAME		1					_	
STREET ADDRESS			4.3 STREE	T ADDRI	ss						
CITY - ST - ZIP		•	4.4 CITY-	ST-ZIP							
TITLE		DELETE	5.1 TITLE						Change	Addition	
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE	T ADDRI	SS						
CATY - ST - ZIP			5.4 CITY -	ST-ZIP							
TITLE		DELETE	6.1 TITLE						Change	Addition	
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREE	T ADDRI	:\$S			•			
City-St-ZiP			6.4 CITY-								
14. I do here	by certify that the information su	pplied with this filing does not quali t or supplemental annual report is t	ify for the ex-	empti	on stated i	n Section 119.07(3)(i), Florid	la Statute	s. I further	certify that	t the oder oath: that	
l am an o	officer or director of the corporati	on or the receiver or trustee empoy	vered to exe	cute t	his report	as required by Chapter 607	Florida S	Statutes; ar	id that my	name	
appears	to prock its of Block 13 it chaudi	ed, or on an attachment with an ad-	uress.					A.			