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

**PROFIT CORPORATION ANNUAL REPORT** 



Secretary of State DIVISION OF CORPORATIONS

1997

**DOCUMENT #**Corporation Name P95000046107 (5)

SUUTT W. SPRAULET, P.A.	
Principal Place of Business	Mailing Address
809 EAST CENTRAL BOULEVARD ORLANDO FL 32801	609 EAST CENTRAL BOULEVARD ORLANDO FL 32801-2916
2. Principal Place of Business	2a Mailing Addross

## **FILED** May 06 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified	3a. Da	te of L	ast Ro	eport
· ·						06/14/1995	09/23/1996			
	Place of Business	28. Mailing Address	Address			4. FEI Number			Apj	plied For
21		26				59-3319236			Nol	Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	П			dditional
22		27				U Commune of Claros Desires	<u> </u>	F	ee Re	quired
City & Sta	te	City & State				6. Election Campaign Financing		\$5	.00 i	May Be
23		28				Trust Fund Contribution	Added to Fees			
Zip	Country	Zφ	—	unlry	1	8. This corporation has tiability for i		_	der s.	199.032,
24	25	[29]	30					<b>√</b> No		
	9. Name and Address of Curre	nt negistered Agent		81	Name	10. Name and Address of New Re	gistered /	Agent		
SPI	RADLEY, SCOTT W			١,,	ivanie					
	609 EAST CENTRAL BOULEVARD					dress (P.O. Box Number is Not Acceptab	le)			
OR	LANDO FL 32801			83						
				03						
				84	City			85	Zip C	ode
44 6					L		FL			
office or	registered agent, or both, in the State	oz and 607,1508, Florida Sta e of Florida. Such change wa	itutes, the a as authorize	ibavi id by	a-named cor v the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of it the app	chang ointme	ging its int as r	registered registered
agent. I	am familiar with, and accopt the oblig	gations of, Section 607.0505,	Florida Sta	itutes	S.					- 3
SIGNATURE				,		- Awar a				
12.	Signature, typed or printed name of registered ag	gent and title if applicable. (N ND DIRECTORS	KOTE: Registere		ent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDC AND	DIDE	OTOD	2111.40
TITLE	PSTD	DELETE	1.1 1			ADDITIONS/CHAINGES TO OFFIC	Eno ANU	Ch		Addition
NAME	SPRADLEY, SCOTT W		1,2 N						ungo	[] recentor
STREET ADDRESS		/ADn			F ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32801	שוא	1							
TITLE	ONDANOC I C 02001	☐ DCLFTE	2.1 T	31Y - \$ ITLE	71-500			☐ Ch	ange	Addition
NAME			2.2 N						<b>-</b> g.:	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					S1 · ZIP					
TITLE	DELETE			The state of the s				[.] Ch	anoe	Addition
NAME			3.2 N	IAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					ST-7IP					
TITLE		DETEJE	4.1 To		-			Ch	ange	Addition
NAME			4.21	NAME				-	•	
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY-ST-ZIP				:I1Y-S						
TITLE		☐ DELETE	5.1 TI					Ch	ange	Addition
NAME	+		5.2 N	IAME						
STREET ADDRESS			5.3 S	PRELI	ADDRESS					
CITY-ST-ZIP			P P	ITY-S						
TITLE		☐ DLLETE	6.111					☐ Ch	ange	Addition
NAME			6.2 N	IAME					-	
STREET ADDRESS			6.3 S	TREET	ADDRESS			ı		
OUTY OT TID			3.00							

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.