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



Sandra B. Mortham

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Apr 21 1997 8:00am

POCUMENT # P95000050724 (0)

PROFIT CORPORATION ANNUAL REPORT 1997 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State DIVISION OF CORPORATIONS				Apr 21 1997 8:00ar Secretary of State				
Principal Place of Business Principal Place of Business Mailing Address Principal Place of Business Mailing Address 201 EAST PINE STREET #1200 ORLANDO FL 32835								
					3. Date Incorporated or Qualified	l l	Date of Last R	eport
2. Principal	Place of Business	2a. Mailing Address			06/29/1995 4. FEI Number		5/01/1996 Ap	plied For
21		26			23-2793445			ot Applicable
Suite, Apr	!. #, e(c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	K	\$8.75 / Fee Re	
22 City & Sta	nle	City & State	- 	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Country		8. This corporation has liability for			199.032,
24	9. Name and Address of C	29 3 Current Registered Agent	0		Florida Statutes 2 10. Name and Address of New Re			
MA	RSHALL, JR, BYRD F ESQ		81	Name				
	AY, HARRIS & ROBINSON, F	P.A.	82	Street Add	Iress (P.O. Box Number is Not Accepta	ble)		
201	EAST PINE STREET, SUITE							
OR	LANDO FL 32801		83					
			84	City		F	85 Zip (Code
11. Pursuan	t to the provisions of Sections 60	17.0502 and 607.1508, Florida Statutes	, the above	e-named cor	poration submits this statement for the			s registered
office or agent. I	registered agent, or both, in the am familiar with, and accept the	State of Florida Such change was autobligations of, Section 607,0505, Florida	lhorized by da Statutes	the corpora	poration submits this statement for the ation's board of directors. I hereby acce	pt the ap	pointment as	registered
SIGNATURE				<u></u> .				
12.	Signature, typed or printed name of registor	red agent and title if applicable (NOTE F RS AND DIRECTORS	Hogistered Age	nt signature requ	ured when reinstalling) ADDITIONS/CHANGES TO OFFI	DATE CEDS A	ID DIBECTOR	S IN 12
TITLE	T PSTD	DELETE	1.1 30 LE		ADDITIONS/CHANGES TO OFF	ULNO AI	Change	Additio
NAME	STALLONE, SYLVESTER		1.2 NAME					
STREET ADDRESS			1.3 STREET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY - S	1-7IP				
TITLE	AS	DELETE	2 1 TITLE				Change	Additio
NAME	ROSENBERG, DAVID		2 2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS			i		
CITY-ST-ZIP	ORLANDO FL 32835	T-I price	2.4 CITY - \$1 - ZIP					1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Additio
NAME			3.2 NAME					
STREET ADDRESS	5		3.3 STREET					
CITY-ST-ZIP TITLE	 	DELETE	3.4. CITY - ST - ZIP 4.1 Trile				Change	Additio
NAME	1	Special Services Communication	4.1 ITILE 4.2 NAME				and and the	
STREET ADDRESS			4.3 STRFE1	ADDRESS				
CITY-ST-ZIP			4.4 CHY-S					
TITLE		DELETE	51 TITLE				Change	Additio
NAME			5.2 NAME					
STREET ADDRESS	; [5.3 STREET	ADDRESS				
: CITY-ST-ZIP			5.4 CITY - S	1 - ZIP				
TITLE		DELETE	6.1 TITLE				☐ Change	Additio
NAME			6.2 NAME	1				
STREET ADDRESS	; <u> </u>		6.3 STREET					
CITY_01.7ID	1		SAPITY-S	T 7/0				

14. To hereby certify that the information supplied with this (fling 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 supplement) annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 No it change do or on an arachment with an address. David J. Rosenberg, Assist. Sec. (407) 299-9450