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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000050727 (3)

FREDERICK H. WILSEN & ASSOCIATES, P.A.

ORLANDO FL 32835-1843

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512 HARBOR POINT BOULEVARD 1415 E ROBINSON ST ORLANDO FL 32835-1843 SUITE B ORLANDO FL 32801 3a. Date of Last Report 3. Date Incorporated or Qualified Uŝ 05/01/1996 06/27/1995 2. Principal Place of Business 2a. Mail ng Address 4. FEI Number Applied For 59-3328586 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Žιρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILSEN, FREDERICK H **512 HARBOR POINT BOULEVARD** 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32835-1843 83 84 City Zip Code 11. Pursuant 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OATE Signature, typed or purched name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. D DELETE Change Addition 1.1 TITLE 3 II F WILSEN, FREDERICK H NAME 1.2 NAME **512 HARBOR POINT BOULEVARD** STREET ADDIRESS 1.3 STREFT ADDRESS

1.4 CITY - ST - ZIP

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STREET ADDRESS **6.3 STREET ADDRESS** 6.4 C/TY - ST-ZIP CITY - S1 - ZIP 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 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Jan 29 1997 8:00am

Secretary of State

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(96/6)

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