FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name P95000059707 (6)

Corporation Name	
DI ANET HOLLVAIOOD (EACHION)	INC

TEMPE	THOLETHOOD (FROM						
Principal Place of Business Mailing Address			1 1901/201 110 1010/1 010/1 00/11 00	ill Balli Ballı Billi			
7380 SAND LAKE ROAD SUIE 600 ORLANDO FL 32819		SUIE 600	7380 SAND LAKE ROAD				
		UKLANDU FL 3201			3. Date Incorporated or Qualified 08/02/1995	3a. Date of	Last Report
2. Principal Place	ce of Business	2a. Mailing Address 26			4. FEI Number 59-3336050		Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		.,	5. Certificate of Status Desired	X	8.75 Additional Fee Required
City & State		City & Stale	., .		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zφ	Country	Zφ	Country		8. This corporation has liability for Florida Statutes	intangible tax u : [] No	nder s. 199.032,
24	25 g. Name and Address of Cur	29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30		10. Name and Address of New F		ent
	5. 1141115 2114 114411555 51 5211		81	Name	10.		
MARSHA	ALL, BYRD F JR.		-		ess (P.O. Box Number is Not Acceptat	ala)	
	PINE STREET		82	Street Addr	ess (F.O. Box Number is not Acceptat	жe)	
SUITE 1			83				
	00 FL 32801		84	City		T _!	35 Zip Code
				City		FL	2.5 0300
or registere	the provisions of Sections 607.05 diagent, or both, in the State of Fl i, and accept the obligations of, S	orida. Such change was autho	rized by the corp	named corpor poration's boa	ration submits this statement for the purific of directors. Thereby accept the app	rpose of changi ointment as rec	ing its registered office jistered agent. I am
SIGNATURE _							
	grature its est or protect name of registeres: &	pertaint tille trape element. AND DIRECTORS	NOTE Regulate Aye	il Segnatura respuns	ADDITIONS/CHANGES TO OFF	DATE	PECTORS IN 12
12.	D	DELETE	1 1 T:TLE		ADDITIONS OF ANGLO TO OFF		Change Addition
NAME	EARL, ROBERT I		1.2 NAME				_
STREET ADDRESS	7380 SAND LAKE ROAD,	SUITE 600	1.3 STREE	FADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819		1.4 C*TY - S	ST-2-P			
TITLE	D	☐ DELETE	2 1 THEE				Change
NAME	Barish, Keith		2.2 NAME				
STREET ADDRESS	7380 SAND LAKE ROAD,	SUITE 600	23 STREET	FADDRESS			
CITY-S1-ZIP	ORLANDO FL 32819		24 CiTY - S				
TITLE		DEI ETE	3 1 TIFLE		/CFO/EVP/AS		Change X Addition
NAME			3.2 NAME		vallone, Thomas		
STREET ADDRESS			3.3 STREE		380 Sand Lake Roa	.d, #65	0
CITY-S1-ZIP		TI DE CTC	3.4 CITY - 5		rlando, FL 32819		Change 😧 Addition
TITLE		☐ DE-ETE	4 1 11 LE 4 2 NAME	S	/VP ohnson, Scott E.	□,	Shange Ki Addition
NAME STREET ADDRESS					380 Sand Lake Roa	d. #65	n
CITY-ST-ZIP			4.4 CITY - 8		rlando, FL 32819	u, 103	
TOTLE		DE:.ETE	5 1 TITLE	,	trandoy 11 July		Change Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	ADDRESS			
City - St - ZiP			5.4 City - 3	ST-21P	4000017	7877	4
TITLE		☐ DELETE	6 1 111.6	•	-04/12/96010)780 19	Change 🔲 Addition
NAME			6.2 NAME		***208.75		
STREET ADDRESS			6.3.51966	LAUDRESS			
CITY-ST-ZIP	cortifu that the information or and	sel with this filese is restrict sets 4	64 CITY - 1		or the exemption stated in Section 119	07/31/M Florid	Statutes I further
certify that '	the information indicated on this a	nnual report or supplemental a	innual report is tri	ue and a ccura	ate and that my signature shall have the	same legal effe	ect as if made under 🔊
oath; that I appears in	am an officer or director of the co Block 12 or Block 13 if chillaged,	rperation or the receiver or trui or on/an attachment with an ai	stee empowered ddress	to execute th	is report as required by Chapter 607, F	onda Statutes;	and that my name 3
	(#2	11			ohnson,	<u> </u>	A
SIGNAT	URE: SIGNATURE AND TYPE	OF PRINTED NAME OF SIGNING OF	Secre	etary	01/3//9	1 b 4	07-345-530
	Capital Carlo Tires	γ				_ 3,00	

407-345-5300