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

Mailing Address 101 WYMORE ROAD

2a. Mailing Address

City & State

Ζıp

Suite, Apt. #, etc.

ALTAMONTE SPRINGS FL 32714-4271

SUITE 500

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9. Name and Address of Current Registered Agent

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

101 WYMORE ROAD

SUITE 500

21

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23

24

Zip



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000067410 (7) DOCUMENT #

RND AT ST. AUGUSTINE, INC.

25

MÄJZOUB, SAM 101 WYMORE ROAD SUITE 500			81	Name				
			62	Street Address (P.O. Box Number is Not Acceptable)				
	AMONTE SPRINGS FL 32714		83					
			84	City	FL	85	Zip C	ode
office or re	to the provisions of Sections 607.0502 and 607, egistered agent, or both, in the State of Florida. In familiar with, and accept the obligations of, Se	Such change was auth	orized by	the corr	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appora-	changi ointmen	ng its it as ri	registered egistered
SIGNATURE.								
12.	Signature, typed or printed name of registered agent and title if ap  OFFICERS AND DIRECTO		gistered Age	nt signature	required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIDEC	TODO	INI 10
TITLE	D/P	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Cha		Addition
NAME	MAJZOUB, SAM	E DECENE	1.2 NAME				· igc	
STREET ADDRESS	101 WYMORE ROAD SUITE 500		1.3 STREET	*DDDCCC				
ì	ALTAMONTE SPRINGS FL 32714							
TITLE	D	DELETE	1.4 CITY-ST-ZIP			Cha	nge	Addition
NAME	DELGUIDICE, FRED	L. Detere	2.2 NAME				, Mr	
	101 WYMORE ROAD SUITE 500			*******				
STREET ADDRESS	ALTAMONTE SPRINGS FL 32714		23 STREET					
CHTY-SI-ZIP	ALIAMUNIE SPRINGS PL 32/14	DELETE	2 4 City-5 3.1 Tifle	51 - ZIP		☐ Cha	000	Addition
TITLE		- otte	ĺ				igo	ribonion
NAME OTRES LIBERALINA			3.2 NAME	1000000				
STREET ADDRESS		·	3.3 STREET					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 5	51-ZIP		Cha	070	Addition
		C) Officir				U 016	rige	L.J AUGILION
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET					
CITY-ST-ZIP		DELETE	4.4 CITY - S	T - ZIP		Cha		Addition
TIPLE		F"T DECEME	5.1 TITLE			L. UIA	iųc	AUGRION
NAME			5.2 NAME	Inhbros	:			
STREET ADDRESS			5.3 STREET					
CHTY - ST - 7IP		DELETE	5.4 CITY-S	T-ZIP		Cha	500	Addition
TITLE		☐ DETEN	6.1 TITLE			rm) rus	ល្វេម	LJ AUGION
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET					
CITY-\$1-7/F	in the state of th	One does not sur-116 . f	64 CITY-S		Hotal in Castian 110 07/2V/IV Claying Ctatutes 15 with a	nortif :	that #	
informatic	in indicated on this annual report or supplement	at annual report is true	and accu	rate and	stated in Section 119.07(3)(i), Florida Statutes. I further d that my signature shall have the same legal effect as report as required by Chapter 607, Florida Statutes; at	if mad	e und	er oath: the

Country

81 Name

30

**FILED** Feb 14 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Yes No

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

08/31/1995