## **PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Sep 18 1997 8:00am Secretary of State

## DOCUMENT # P95000070282 1. Corporation Name

21 223 Langley Circle 28 2223 Langley Circle 59-3341555 Not A  Suite. Apt. #. etc. Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Requirements of City & State 5. Certificate of Status Desired Fee Requirements of City & State 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to Fee Requirements of Country 7. Trust Fund Contribution 7. Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 19. The Country 8. This corporation has liability for intangible tax under s. 19. Name and Address of Current Registered Agent 8. Name 8. Nam	pplicable itional red y Be
128 Adler Avenue Altamonte Springs, FL 32714 Altamonte Springs, FL 32714  3. Date Incorporated or Qualified 9-8-95 3-22-96  2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 9-8-95 3-22-96  2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 9-8-95 Not A Suite. Apt. #. etc.  21 2223 Langley Circle 26 2223 Langley Circle 59-3341555 Not A Suite. Apt. #. etc.  22 Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required Fee Required Contribution Added to Fee Required 9-8-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9	pplicable itional red y Be
Altamonte Springs, FL 32714 Altamonte Springs, FL 32714  3. Date Incorporated or Qualified 9-8-95 3-22-96  2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 59-3341555 Not A Suite. Apt. #. etc.  Suite. Apt. #. etc.  City & State City & State City & State Country Country 24 32835 25 USA 29 32835 30 USA  Suite. Apt. #. etc. Suite. Apt. #. etc. Country Status Desired Country Status Desired Country Status Desired Status Desired Status Desired Fee Requirements of Country Status Desired Status Desired Fee Requirements Status Desired Fee Requirements Status Desired Fee Requirements Figure Country Status Desired Status Desired Fee Requirements Figure Country Status Desired Fee Requirements Figure Status Desired Status Desired Fee Requirements Figure Status Desired Status Desired Fee Requirements Figure Status Desired Fee Requirements Fee Requirements Figure Status Desired Status Desired Fee Requirements Figure Status Desired Status Desired Fee Requirements Fee Requirements Figure Status Desired Status Desired Fee Requirements Fee Requirements Figure Status Desired Status Desired Fee Requirements Figure Status Desired Status Desired Fee Requirements Fee Requirements Figure Status Desired Status Desired Fee Requirements Fee Requirements Figure Status Desired Status Desired Status Desired Fee Requirements Figure Figure Status Desired Fee Requirements Figure Sta	pplicable itional red y Be
3. Date Incorporated or Qualified 9-8-95 3-22-96  2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 59-3341555 Not A Suite. Apt. #. etc.  2. Suite. Apt. #. etc.  2. City & State 2. City & State 2. City & State 2. Country 2	pplicable itional red y Be
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 3. 22-96 2. Principal Place of Business 4. FEI Number 59-3341555 Not A Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State Corlando, FL 32835 Porlando, FL 32835 Trust Fund Contribution Added to F 2/p Country 2/d 32835 25 USA 29 32835 30 USA Florida Statutes Yes Now Registered Agent  Spiron Alleggretti	pplicable itional red y Be
2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-3341555 Not A Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Requi City & State City & State Corlando, FL 32835 Corlando, FL 3	pplicable itional red y Be ens
223 Langley Circle  Suite. Apt. #. etc.  Suite. Apt. #. etc.  City & State  City & State  Corlando, FL 32835  Zip  Country  Zip  Country  Zip  Country  23 2835  25 USA  9. Name and Address of Current Registered Agent  Suite. Apt. #. etc.  S	pplicable itional red y Be ens
Suite. Apt. #, etc.    Suite. Apt. #, etc.	red y Be ens
Fee Requirements of Control of Co	y Be ens
23 Orlando, FL 32835  Zip Country Zip Country 24 32835  Sign Country 25 Orlando, FL 32835  Prost Fund Contribution  Country Sign Count	ens
Zip Country Zip Country  23 32835 25 USA 29 32835 30 USA Florida Statutes Ves Name and Address of Current Registered Agent  Spiros Allegretti  Country 5. This corporation has liability for intangible tax under s. 19 Florida Statutes Ves No Name and Address of New Registered Agent  81 Name Ron Benfield	
24 32835 25 USA 29 32835 30 USA Florida Statutes Ves No  9. Name and Address of Current Registered Agent  81 Name Ron Benfield	9.032.
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name Ron Benfield	
Spiros Allegratti 81 Name Ron Benfield	
Spiros Allegretti Ron Benfield	
128 Adler Avenue  82 Street Address (P.O. Box Number is Not Acceptable) 2223 Langley Circle	
Altamonte Springs, FL 32714	
84 City Orlando, FL 85 Zip Cox 328	35
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed corporation submits this statement for the purpose of changing its fe	ostered
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 recapent, if am familiary in, and accept the obligations of, Section 607,0505, Florida Statutes.	istered
Ron Ronfield	
SIGNATURE Signature Typed or printed name billeg alered agent jug like if abbreather though the first Registered Agent signature required when renatating)  DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	
P/S/D	_] Addition
NAME CARDANI, SIMONETTA 12NAME CARDANI, SIMONETTA	l
STREET ADDRESS WYMORE GROVE APT. 104 13STREET ADDRESS 2221 POLO CLUB DRIVE, #207	
CITY-S1-ZIP ALTAMONTE SPRINGS, FL 21714 14CITY-S1-ZIP KISSIMMEE, FL 34741	Addition
V/1/D	7 70001100
NAME ALLEGRETTI, SPIROS	ļ
STREET ADDRESS 128 ADLER AVENUE 23 STREET ADDRESS	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 24CITY-ST-ZIP 24CITY-ST-ZIP Change	Addition
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	}
CITY-ST-ZIP 34 CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Change	Addition
NAME 42 HAME	
STREET ADDRESS 43 STREET ADDRESS	
CITY-ST-ZIP 44 CITY-ST-ZIP	
Title: DELETÉ 5 1 TITLE Change	Addition
NAME 52 NAME 10002238351 53 STREET ADDRESS -03/13/9701090037	
	1
CITY-ST-ZIP ***550,00	
TITLE DELETÉ 6.1 TITLE Change	Addition
NAME 62 NAME	\ <u>{</u> ^
STREET ADDRESS 63 STREET ADDRESS	187
CITY-ST-ZIP 64 CITY-ST-ZIP	7, 1
14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida State 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 example.	ules. I Ifect as if