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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000073945 (4)

FILED Jan 24 1997 8:00am Secretary of State

THE BEST SELECTION		
Principal Place of Business	Mailing Address	
BRY W. KENNEDY BLVO. SUITE 12	997 W. KENNEDY BLVD. Suite 12	

SUITE 12 ORLANDO PL		SUITE 12 ORLANDO FL 32810-6140			Data la constant de Diviliant	3a. Date of	Last Dans	
					3. Date Incorporated or Qualified 09/25/1995	08/05/1	•	π
	lace of Business	2a. Mailing Address			4. FEI Number	1	Applie	d For
	W. KENNEDY BU	UD 26	· · · · · · · · · · · · · · · · · · ·		59-3337030			pplicable
Suite, Apl		Suite, Apt #, etc		*****	5. Certificate of Status Desired		3.75 Addi Fee Requir	
City & State		City & State			6. Election Campaign Financing	\$	5.00 ма	у Ве
	ANDO FL	28	T 0: 1		Trust Fund Contribution		Added to F	
zip 24 32.8	Country	Zip	Country 30	у	This corporation has liability for i Florida Statutes	ntangible tax u] Yes 🏻 🔲 No		9.032,
24 <u>32</u> E	9. Name and Address of Curre	29 ent Registered Agent	<u> 30 </u>		10. Name and Address of New Re			
DAA	SCH, MICHAEL A ESQ.		81	Name				
	E. ROBINSON STREET		00	0	/0.0 0 No. 1 No. 1 No. 1	1-1		
	TE 600		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	ANDO FL 32802		83					
51			[O		705	1 7:- 0-4	
			84	City		FL 85	Zip Cod	æ
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli-	e of Florida. Such change was	authorized b	y the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of char of the appointm	nging its re nent as reg	gistered istered
SIGNATURE	Signature typed or protect make of registered as	page and allest page table (NC)	IE Bogislaved An	ent cinnature ren	uired when reinstaling)	DATE	····	
12.		ND DIRECTORS	13.	ant signature req	ADDITIONS/CHANGES TO OFFIC		ECTORS II	N 12
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NAME	Gerger, Dennis		1.2 NAME					
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STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY -					
	by cartily that the information currel	and with the filing dose not our			ed in Section 119 07(3)(i) Florida Statute	s. I further cert	lify that the	

recommency certary trial mention matter supplied with this tilling does not quality 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 conforation 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 13 if changed for on an attachment with an address.

SIGNATURE: