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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076426 (2)

	D DEVELOPMENT AND SALE	, ,)				
Principal Place of Business		Mailing Address			T HORMOON HIS NOTED DAME BONN OF HE ST	AN DORAN MODAF BRAIN DADAG RADAG BANK BANK P	
2128 BLUE IRIS PL LONGWOOD FL 32778		P.O. BOX 948478 MAITLAND FL \$2794-847	78			•	
					3. Date Incorporated or Qualified 09/29/1995	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2s. Mailing Address			4. FEI Number	Applied	***************************************
21 Suite, Apt #, etc.		Suite, Apt. #, etc.		 	59-3338066	Not Apr	
		27 Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fee	Be
Zip 24	Country 25	Ζιρ 29	Count	try	This corporation has liability for Florida Statutes		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Ro		
	DY, THOMAS J		18	Name			
	NASSAU PL		e	Street A	ddress (P.O. Box Number is Not Accepta	ble)	
KISS	IMMEE FL 34758		ا غ	33			
			8	City		85 Zip Code	
agent Lai SiGNATURE	on familiar with, and accept the obligat	and title if applicable. (N	Florida Statut	tes.	corporation submits this statement for the oration's board of directors. I hereby acce equired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	
THEE	D DELETE		1.1 7071.1	E			Addition
NAME:	PAGGIOLO, JONATHAN C	•	1.2 NAM	Æ			
STREET ADDRESS	104 TALAVERA LANE		1.3 STRE	EET ADDRESS			
City - \$1 - 71P	KISSIMMEE FL 34758	DELETE		-ST-ZIP			1.4.00
YITLE Name	PD Cordy, Thomas J	☐ DELETE	2.1 TITLE	i		Change	Addilion
STREET ADDRESS	107 NASSAU PLACE		2.2 NAM 2.3 STRE	EET ADDRESS			
CITY-ST ZIF	KISSIMMEE FL			Y-SY-ZIP	·	·	
TITUE .	STVD	☐ DELETE	3.1 TITLE			Change	Addition
NAME	WASSERMAN, GREGG A		3.2 NAM	E		2 .	
STREET ADDRESS			3.3 STAE	EET ADDRESS			
CITY ST-ZIP	LONGWOOD FL 32779	☐ DELETE		/-ST-ZIP		- Tobacca TT	* 4 4 Man
THLF NAME		☐ pereir	4 1 TH LE 4 2 NAM			Change	Addition
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZiP				- ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAMI	E			
STREET ADORESS			5.3 STRE	ET ADDRESS			
C(1) Y · ST · Z(F				-ST-ZIP			
TITLE			6.1 TITLE			Change	Addition
NAME STREET ADORESS			6.2 NAM	ET ADDRESS			
CITY- ST-ZIP			6.4 CITY				
14. Ldo hereb	by certify that the information supplied in indicated on this appual report or an	with this filing does not que	alify for the ex	vemotion eta	ated in Section 119.07(3)(i), Florida Statute	es. I further certify that the	ath, that
Larn an of appears in	ficer or director of the corporation or the Block 12 or Block 13 if changes, or c	ne receive of uster office on an age trient with an a	owered to exe address.	ocute this re	that my signature shall have the same legs port as required by Chapter 607, Florida S	al enect as it made under oa Statutes; and that my name	au, (181