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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P95000076621 (8)

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

Principal Place of Business Mailing Address  200 EAST ROBINSON STREET, SUITE 500 ORLANDO FL 32801						
				3. Date Incorporated or Qualified	3a. Date of La	•
2 Dringwal C	Place of Business	2a. Mailing Address	·	10/06/1995 4. FEI Number	04/12/19	<del></del>
21 PHI GIDAI P	Jace of Desiriess	26		59-3338869	}-	Applied For Not Applicable
Suite Apt	#, etc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	Certificate of Status Desired	1 1 7 "	75 Additional
22		27			Fe	e Required
City & Stat 23	te	City & State		Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for i	ntangible tax und	
24	9. Name and Address of Curre	29 29 Agent	30	Florida Statutes 21  10. Name and Address of New Reg	Yes No	
FLORIDA CORPORATE SUPPORT, INC. 200 EAST ROBINSON STREET, SUITE 500 ORLANDO FL 32801			81 Name 82 Street Add 83	Address (P.O. Box Number is Not Acceptable)		
			84 City		FL 85	Zip Code
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida State of Florida Such change wa	tutes, the above-named cors s authorized by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of chang of the appointmen	ng its registered it as registered
<ol> <li>Pursuant office or agent. La SIGNATURE</li> <li>12.</li> </ol>	am familiar with, and accept the oblig	gations of, Section 607.0505,	tutes, the above-named cois authorized by the corpora Florida Statutes.  OTE: Registered Agent signature requirements.		DATE	
agent. La SIGNATURF	am familiar with, and accept the oblig  Signature, typicd or proted name of registered ag  OFFICERS AN	gations of, Section 607.0505,	Florida Statutes.  OTE: Registered Agent signature requ	juired when reinstating)	DATE	TORS IN 12
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Information indicated on this annual report or supplemental annual report is true exemption stated in Section 119.07(3)(1), 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 expropration or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: