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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000084572 (3)

CALDWE	ELL MARKETING CORPORA	TION		L I BRANDON HOL HITOLOGIA BANKA ARANA DA	
Principal Piace 120 E Orband	e of Business Concord Street losff1. 32801	Mailing Address 120 E CONCORD STREE ORLANDO FL 32801-1345	T		184 6 184
				3. Date Incorporated or Qualified 11/01/1995	3a. Date of Last Report 04/30/1996
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
21		26		59-3346945	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		2. Commence of Grand Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation has liability for Florida Statutes 	rintangible tax under s. 199.032, Yes No
24	9. Name and Address of Curren		130	10. Name and Address of New R	
DOA	VES, DONNA L		81 Name	- I - I - I - I - I - I - I - I - I - I	
120 EAST CONCORD STREET 82				LAddress (P.O. Box Number is Not Accepta	kla
ORLANDO FL 32801			62 Street	t Adoress (F.O. Box Number is Not Accepta	.bie)
			83		
ì			84 City		B5 Zip Code
office or r agent. I a SIGNATURE	m familiar with, and accept the oblig-	ations of, Section 607,0505, F	lorida Statutes.	d corporation submits this statement for the rporation's board of directors, I hereby acce	
12.	Signature, typed or printed name of registered agr OFFICERS AN		11: Registered Agent signal.	re required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE
TITLE	D OFFICERS AIN	DELETE	11 THLE	Dans Wast Se Cu To	CERS AND DIRECTORS IN 12
NAME	CALDWELL, ANDREW J		1 2 NAME	Prosident, Sec TO CALDWELL, ANDR 120 F. Concord	ew 5
STREET ADDRESS 6864 S. ATLANTIC AVENUE		1.3 STREET ADDRESS	120 E Concord	\$2	
CITY-ST-ZIP	NEW SMYRNA BEACH PL 321	69	1.4 CHY-ST-ZIP	Orgando, #1-	<i>328</i> 0/
TITLE		DELFTE	2.1 1171.6		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	i [
CITY-ST-ZIP			3.4. CHTY - S1 - ZIP		
TITLE		L_] DELETE	4.1 TITLE	1	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS		•	4.3 STREET ADDRESS	•	
CITY-ST-ZIP TITLE		DELETE	4.4 City-St-ZiP 5.1 Title		Change Addition
NAME		L.J. DETCH	5.2 NAME		C Gliange C Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	•		5.4 CITY-ST-ZIP	·	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ı
CITY+ST-ZIP			6.4 City - \$1 - 7/P		

14. I do hereby certify that the information supplied with this filing does not qualify 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 corporation or the receiver or trustee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

KONGULT LI OU