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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Corporat J. BUDHAWAG- 6-97 407-841-194

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business

SIGNATURE

DOCUMENT # P95000088751 (9)

P & B COMPANY OF CENTRAL FLORIDA, INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State Trust Fund Contribution Added to Fees Zip Country Zip Country Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Suite, Apt. #, etc. Fee Required Fee Required Suite, Apt. #, etc. Fee Required Fee Required Fee Required Suite, Apt. #, etc. Fee Required F	390 N. ORANGE AVE., SUITE 1630 ORLANDO FL 32801			390 N. ORANGE AVE., SUITE 1830 Orlando fl 32801-1642								
Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 9, etc.						*******		11/20/1995	1		Report	
Solin, Apt #, efc 2500, Apt #,	2. Principal Pl	lace of Business										
Secret Companies Presentation	21	A		· · · · · · · · · · · · · · · · · · ·				59-3350267				
Trust Fund Contribution Added to Fees	22		27	27				5. Certificate of Status Desired				
Section Sect	·	e e	 	 			1					
28 28 30 Florida Statutes Yes & No.					Country							
BUONAURO, ROBERT J 390 N. ORANGE AVE, SUITE 1630 ORLANDO FL 32801 11. Pursuant to thir provisions of Socions 607 0/02 and 607 1508. Florida Statutes, the above adversary of corporation submits this statement for the purpose of changing its registered algorit, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered algorit, and accept the obligations of, Socions 607 0/05/5. Florida Statutes, the above harded by the corporation's board of directors. I hereby accept the appointment as registered algorit, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered algority and the provision of the appointment as registered algority and the provision of t	24	25	29	30	30							
BUONAURY, NOBERT J 380 N. ORANGE AVE, SUITE 1830 ORLANDO FL 32801 82 Street Address (P.C. Box Number is Not Acceptable) 83 Street Address (P.C. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 607 0502 and 697 1508. Horida Stetutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I are far-lar with an adacept the obligations of, Socions 607 6505, Florida Stetutes, the above-named corporations upomits this statement for the purpose of changing its registered agent. I are far-lar with an adacept the obligations of, Socions 607 6505, Florida Stetutes, the above-named corporations board of directors. I hereby accept the appointment as registered agent. I are far-lar with an adacept the obligations of, Socions 607 6505, Florida Stetutes, the above-named corporations board of directors. I hereby accept the appointment as registered agent. I are far-lar with a statement for the purpose of changing its registered given to be added to the obligations of, Socions 607 6505, Florida Stetutes. SIGNATURE 12.		9. Name and Address of Curi	rent Registered Agent					10. Name and Address of New Registered Agent				
ORLANDO FL 32801 FA	BUO	NAURO, ROBERT J			81	Name	В					
Sa Feb City FL Sa Zip Code)	82 Street Add			t Address (P.	dress (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Specions 607 0502 and 607 1508. Florida Statutes, the above-named compression submits this statement for the purpose of changing its registered agent or host, in the State of Troida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and are familiar with, and accept the obligations of, Socion 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1101	ORLA	ANDO FL 32801		83								
11. Pursuant to this provisions of Socions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 registered agent, or both, in the State of Florida Statutes. SIGNATURE Signature and accept the obligations of Socions 607 0502 and 607 1508. Florida Statutes. SIGNATURE Signature and accept the obligations of Socions 607 0505, Florida Statutes. SIGNATURE Signature and accept the obligations of Socions 607 0505, Florida Statutes. SIGNATURE Signature and accept the obligations of Socions 607 0502 and 607 in the State of Florida Statutes. SIGNATURE Signature and accept the obligations of Socions 607 0502 and 607 in the State of Florida Statutes. SIGNATURE Signature and accept the obligations of Socions 607 0502 and 607 in the State of Florida State of F					RA	City				les l Zin	Code	
office or registered agent, or both, in the State of Trorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of Scotion 607 6005, Florida Statutes. Signature Signatu					•	City			FL	100 Lip	0000	
12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14 Addition	office or n agent. I ai	egistered agent, or both, in the Sta	ate of Florida. Such change was	s authoriz	ed by	/ the cor	d corporation prporation's be	n submits this statement for the ploard of directors. I hereby accept	urpose of o t the appo	changing i intment as	ts registered registered	
D		Signature: typed or printed name or registered	agent and title if applicable. (N	OTE: Registe	red Age	ent signatur	re required when	teinstating)	DATE			
NAME STREET ADDRESS 12 NAME 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZP	12.				•		А	DDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
1.3 STREET ADDRESS 120 E. ROBINSON STREET	HTCE	D	DELETE	1,1	TITLE					Change	Addition	
CATY_ST-ZP ORLANDO FL 32801	NAME				1.2 NAME							
DELETE 21 TITLE Change Addition	STREET ADDRESS			1.3 STREET ADDRESS		i						
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS GASTINET ADDRESS	City-St-ZiP											
STREET ADDRESS CITY-ST-ZIP	TITLE	<u> </u>							ł.	Change	L. Addition	
City - ST 2 P			F 4000			•						
DELETE			E 1630				³					
NAME		URLANDO FL 32801	T DELETE					<u> </u>		Change	Addition	
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		E Dictil							'	Unange	LI Addition	
CITY-ST-ZIP												
DELETE				li i			`	•				
NAME		DELETE					···			Change	Addition	
STREET ADDRESS 43 STREET ADDRESS 44 CITY-ST-ZIP									•	•		
CHY-S1-ZIP	1					ADDRESS	; 					
DELETE												
			☐ DELETE				1			Change	Addition	
C-TY - ST - ZIP	NAME			5.2	NAME							
THLE DELETE 6.1 TITLE Change Addition Addition Addition 6.2 NAME 6.3 STREET ADDRESS CITY- ST- ZIP 6.4 CITY- ST- ZIP	STREET ADDRESS			5.3	STREET	ADDRESS	; 					
NAME STREET ADDRESS CITY- ST- ZIP 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	Crty - ST - ZIP			5.4	CITY-S	T-ZIP						
STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	TOLE		DELETE	6.1	TITLE					Change	☐ Addition	
CITY-ST-ZIP	NAME		\wedge	6.2	NAME							
	STREET ADDRESS		\wedge / $ $	6.3	STREET	ADDRESS	;					
34. Loo hereby certify that the information supplied with his filing goes 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 supplied with a wind, report is true and accurate and that my signature shall have the same legal effect as if made under oath; that			/////				1,,,,,					
	14. I do hereb informatio	by certify that the information supp in indicated on this annual report of	lled with this filing goes not out or supplied and agricult report is	alify for th	e exe Lacci	mption urate an	stated in Sec nd that my sic	ction 119.07(3)(i), Florida Statute: inature shall have the same lega	s. I further : I effect as	certify that if made ur	t the ider oath: that	