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

CORPORATION ANNULAL DEDODT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 1997 DIVISION OF CORPORATIONS					Secreta	Secretary of State	
			00089949 (8				
Principal Place of Business Mailing Address					I SOBILIDES 194 FOLDI ALISI ABILIN ODJISI DO	161 4969) 10310 18410 30141 01046 1011 1903	
3431 BRETWOOD DR ORLANDO FL 32808			3431 BRETWOOD DR ORLANDO FL 32808-3201				
					3. Date Incorporated or Qualified 11/21/1995	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business			2a. Mailing Address	010	4. FEI Number	Applied For	
Suite, Apt. #, etc.			26 4.0. Box Suite, Apt. #, etc.	277	59-3348891	Not Applicable \$8.75 Additional	
22			27		5. Certificate of Status Desired	Fee Required	
City & Sta 23	ate		City & State 28 CLARCON		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
7ip	25	Country	Zip 32710	Country 30 USA	 8. This corporation has liability for Florida Statutes 	r intangible tax under s. 199.032,	
			urrent Registered Agent		10. Name and Address of New F		
343	DRICK, AUDRE 31 BRETWOOD LANDO FL 328	DR		82 Stree 83	t Address (P.O. Box Number is Not Accept	able)	
ļ				84 City		FL 85 Zip Code	
office of agent. I SIGNATURE		printed name of registers	ed agent and time if applicable (as authorized by the co Florida Statutes. NOTE: Registered Agent signal.		DATE	
12.		OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
THE NAME	P FEDRICK, A		L DELETE	1.1 TITLE 1.2 NAME		L Change L Addition	
STREET ADDRESS				1.3 STREET ADDRESS	i [
City-Si-ZiP	ORLANDO F	-L 32808	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition	
NAME			בַ אַנגנונ	22 NAME		C Olduğe C Madilloli	
STREET ADDRESS				2.3 STREET ADDRESS			
CHY-ST-ZIP				2. 4 CITY-ST-ZIP			
71716			DELETE	3 1 TITLE		Change L Addition	
NAME				3.2 NAME			
STREET ADDRESS CITY - ST- ZIP	5 }			3.3 STREET ADDRESS 3.4. City-St-Zip			
THILE			DELETE	4.1 TITLE	<u> </u>	Change Addition	
NAME:				4. 2 NAME			
STREET ACORESS	6			4.3 STREET ADDRESS			
CHY-ST Zif			DELETE	4.4 CITY - ST - ZIP	<u> </u>	Change Addition	
NAME			T percie	5.1 TITLE 5.2 NAME		C) Change C) Addition	
STREET ADDRESS	, [5.3 STREET ADDRESS	; [
C-TY - \$1 - 24P				5.4 CITY-ST-ZIP			
THILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DELETE	6.1 TITLE		Change Addition	
NAME				62 NAME			
STREET ADDRESS	5			63 STREET ADDRESS	·		
City - \$1 - 20"	}			6.4 CITY - ST-ZIP			

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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 it changed, or on an attachment with an address.

SIGNATURE:

FILED

Apr 29 1997 8:00am