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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

FILED Jan 16 1997 8:00am Secretary of State

Principal Place 5769 CURRY R ORLANDO FL	ORD ROAD	Mailing Address 5789 CURRY FORD ROA ORLANDO FL 32822-3881						
					3. Date incorporated or Qualified 12/18/1995		ate of Last R 09/1996	eport
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-3352024			oplied For ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Z _I p	Countr	y	8. This corporation has liability for	intangible	tax under s	199.032,
4	25	29	30			Yes [
	g, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	agistered /	Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PER	ez, mildred		81	Name				
	8 LOGANDALE DRIVE ANDO FL 32817		82	İ	dress (P.O. Box Number is Not Acceptal	ble)		
			83		•			
			84	City			85 Zip (Code
					poration submits this statement for the	<u>FL</u>		
SIGNATURE		ID DIRECTORS	13.	ent signature requ	ured when reustating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND		
TITLE	PSD	DELETE	1.1 TITLE	ļ			Change	L Additio
NAMÉ	PEREZ, MILDRED		1.2 NAME					
STREET ADURESS	2556 LOGANDALE DRIVE		1	T ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32817	DELETE	1.4 CITY -	S1-ZIP			T Change	T A delain
TITLE	VID	DELETE	2.1 TITLE				Change	☐ Addition
NAMÉ	PEREZ, VICTOR 2556 LOGANDALE DRIVE		2.2 NAME	ì				
STREET ADDRESS	ORLANDO FL 32817			T ADDRESS				
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MAINIC Street Address				T ADDRESS				
CITY+ST-ZIP			3.3 STREE	ì	:			
TITLE		☐ DELETE	41 TITLE	21-11	<u> </u>		Change	Additi
NAME		٠ ي	4. 2 NAME	:				
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CITY - ST - ZIP			4.4 CITY-					
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NAME			5.2 NAME					
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CITY - ST - ZIP			5.4 CITY -					
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NAME			6.2 NAME				_ •	
STREET ADDRESS				T ADDRESS				
FOR PT 70	Į.		6 4 D.TV					

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 13 if changes or of an effectment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PUNTED

407-380-3700

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