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

PROFIT CORPORATION ANNUAL REPORT Secretary of Surviviol Of Corp								am •	•		May 09 1997 8:00am Secretary of State				
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713 S PARRAMORE AVE 713 S PARRAMORE AVE ORLANDO FL 32805 ORLANDO FL 32805-3222															
											Date Incorporated or Qualified 01/17/1996	Sa. Da	te of Last F	teport	
a	Principal Pl	lace of Business	5	}	a. Mailing	Address					4. FEI Number 57 - 33 592 5 /			oplied For	4
21	Suite, Apt.	#, elc.		26		Apt. #, etc.			 -					ot Applicable Additional	4
22				27		·					5. Certificate of Status Desired	L.)		equired	
23	City & State	e		28	City & 5	State					6. Election Campaign Financing Trust Fund Contribution	П		May Be to Fees	
231	Ζιρ		Country		Zip		Cou	ntry			8. This corporation has liability for				1
24	<u></u>	25 29 9. Name and Address of Current Registered Agent									Florida Statutes 10. Name and Address of New R	Yes [1
<u> </u>	CHA			Crutant was	Isteled W	Jeni		81	Name		10. Name and Address of New N	adiate.en y	Oem		-
SIMMONS, EVELYN 2626 MARQUISE ST									Street A	uddres	ss (P.O. Box Number is Not Accepta	ble)			-
		ANDO FL 328									To the text trained to the thousand			······································	
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				•				В4	City	***************************************		FI	85 Zip	Code	
11	Pursuant	to the provisions	of Sections 6	07.0502 and	607.1508,	Florida Statut	es, the a	pove	-named o	corpoi	ration submits this statement for the	purpose of	changing i	ts registered	1
	office or for agent. La	egistered agent m famil ar with, i	, or both, in the and accept the	e State of Fic e obligations	of, Section	n 607.0505, Fl	autnorize orida Stat	utes.	tne corp	oratio	n's board of directors. I hereby acce	prime appo	oiniment as	registered	
SIC	GNATURE	Signature, typed or p	Cried harde of regis	tone loace benef	itle if applicable	n (NOI	F: Benistera	1 Ager	nt Bionature r	required	when rainstating)	DATE			
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6.4 CITY-S1-ZIP

14. I do hereby certify that the information supplied with this filling 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 any officer or director of the Corporation or the Propeiver 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 changed, or on an attachment with an address.

SIGNATURE

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Development of the Corporation of the Propeiver of Total Statutes and Total Corporation of the Propeiver of Total Statutes and Total Corporation of the Propeiver of Total Statutes are legal effect as if made under oath; that I am any officer or director of the corporation of the Propeiver of Total Statutes. I further certify that the information indicated on this annual report or supplemental annual report is rule and accurate and that my signature shall have the same legal effect as if made under oath; that I am any officer or director of the corporation of the Propeiver of Total Statutes. I further certify that the information indicated on this annual report or supplemental annual report or

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