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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600008185 (6)

BROWN & GREEN, P.A.							
Principal Place	of Business	Mailing Address		- I HAND THANK THE COUNT OF THE CONTROL OF THE CONT	AND THAT THE		// UNA 7001
135 N. MAGNOLIA AVE. ORLANDO FL 32801							
				3. Date Incorporated or Qualifier 01/22/1996	d 3a. Da	ite of Last R	leport
		2a. Mailing Address		4. FEI Number		Ar	pplied For
21		26 P.O. Box 3108		59-3355098		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc. 5. Certificate of Status Desired		TID/	\$8.75 Additional	
22		27	27			Fee Re	equired
City & State		City & State		6. Election Campaign Financing	_	•	May Be
23	Comba	28 ORIANDO,	Country	Trust Fund Contribution			to Fees
Zip	Country	200 2002 - 2100		This corporation has liability f Florida Statutes		tax under s ☐ No	i. 199.032,
24	25 9. Name and Address of Curre	29 32802 - 3/08 :	30]	10. Name and Address of New			
005			81 Name			-	
	EN, DOROTHY F						
135 N. MAGNOLIA AVE.			82 Street Address (P.O. Box Number is Not Acceptable)				
ORLA	ANDO FL 32801		83		w		
			84 City		FL	65 Zip	Code
office or re	o the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was at	thorized by the corporal	poration submits this statement for the tion's board of directors. I hereby according to the tion's board of directors.	e purpose of cept the app	changing li ointment as	ts registered registered
SIGNATURE	Signature, typed or pricing it the diregulared ag	ent and title if applicable (NOTE:	Registy ed Agent signature requi	red when reinstaling) ADDITIONS/CHANGES TO OF	DATE	-97	DC 1N 12
12.		ID DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OF	FICENS AND	Change	Addition
TITLE	D COPER BODOTHY F	F-7 Detric	_	1170		L Change	And Address of
NAME STREET ADDRESS	GREEN, DOROTHY F		1 2 NAME 1 3 STREET ADDRESS	•			
City-St-7IP	135 N. MAGNOLIA AVE. ORLANDO FL 32801		1.4 CITY-ST-ZIP				
TITLE	D	DELETE		10		Change	Addition
NAME	BROWN, JAMES G		2.2 NAME	10			
STREET ADDRESS	135 N. MAGNOLIA AVE.		2.3 STREET ADORESS				
CITY - ST-ZIP	ORLANDO FL 32801		2. 4 CITY-ST-ZIP				
TITLE	OND NO 15 OCO 1	DELETE	3.1 TITLE		- 4 9	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIF			3.4. CITY-ST-ZIP			,	
THLE	- 11 11 11 11 11 11 11 11 11 11 11 11 11	DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY S1 ZIP			4.4 CITY - ST - ZIP				
THILE		DELETE	51 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-7IP	(A)		5.4 CITY-ST-ZIP			***	
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME.			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				
	by certify that the information supplie in indicated on this annual report or			d in Section 119.07(3)(i), Florida Stat	utes. I furthe	r certify that	