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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011245 (3)

CHARLES J. LEBOURVEAU, P.A.

FILED Apr 30 1997 8:00am Secretary of State

6013 GROVELIN ORLANDO FL 3	NE DRIVE 32810		6013 GROVELINE DRIVE ORLANDO FL 32810-6032											
								-	3. Date Incorporated or Qualific 02/01/1996	d 3a. Da	ale of La	ast Re	port	
21	lace of Business	26						4. FE) Number 59-3359334		Applied For Not Applicable				
Suite, Apt.		Suite, Apt. #, etc. 27					5. Certificate of Status Desired		\$8.75 Additional Fee Required					
23				City & State					Election Campaign Financing Trust Fund Contribution)	\$5.00 May Be Added to Fees			
Zip 24	25	Country	Zip 29	29 30			2		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ✓ Yes No					
9, Name and Address of Current Registered Agent								1	0. Name and Address of New	Registered	Agent	-		
	VRT, HARRY J			1			Name							
	east oak sti Simmee FL 347					Street	Address	(P.O. Box Number is Not Accep	otable)					
						83	_							
						84	City			FL	85	Zip C	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Lorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.														
SIGNATURE	Signature, typed or pri	ntod name of registered ag	jent and title if applicable	(NOI)	E. Registered	. Age	nt signature	required wh	hen reinstating)	DATE				
12.		OFFICERS AN	ND DIRECTORS		13.				ADDITIONS/CHANGES TO OF	FICERS AND	DIREC	TOR		
TITLE	D		L	DELETE	1.1 12	1LF		P,T			Cha	ınge	X Addition	
NAME		U, CHARLES J			1.2 N/									
STREET ADDRESS	6013 GROVE			I ' '			ADDRESS							
CITY-ST-ZIP TITLE	ORLANDO FI	_ 32810	-	DELFTE	1.4 CI		T-ZIP				☐ Cha		Addition	
NAME			L] pr::::c	2.1 10							មេដូច	Addition	
STREET ADDRESS					2.2 N/		ADDRESS							
CITY-ST-ZIP					2.40									
TITLE			T	DELEVE	3.* Tr		11-511		ALL WAR WALLES BATE OF THE PARTY OF THE PART		Cha	inge	Addition	
NAME					3.2 NA	ME						-		
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TITLE				DELFTE	4.1 11	TLE			1. (* 1921) - 1921 - 1921 - 1922 - 1923 - 19		☐ Cha	inge	Addition	
NAME					4. 2 N	AME								
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CITY-ST-ZIP					5.4 CI	1Y-\$	1 - ZIP							
TITLE	1			DELETE	6.11	TLF					☐ Cha	inge	Addition	
NAME]				6.2 NA	AME								
STREET ADDRESS]				6.3 \$1	REET	ADDRESS						ļ	

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 eath; 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 Blocky13 if changed or on an attachment with an address.

Charles & Le Bouwcam

11/12/05

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