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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthant

May 20 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P96000012477	(1
1. Corporation Name		1.

A.I.M. G		Mailing Add	ess				
764 W STATE ALTAMONTE S	PRINGS FL 32714	764 W STATI ALTAMONTE	SPRINGS FL 32	714-3004			
				:		3. Date Incorporated or Qualified 02/09/1996	3a. Date of Last Report
	lace of Business	2a. Mailing A	ddress			4. FEI Number	Applied For
Suite, Apt	# alc	26 Suite, Ap	1 fi etc			593302131	Not Applicable
22	#, B(C.	27	i. #, 6ic.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & St	alo	:		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip	30	Country		8. This corporation has liability for	
24	9. Name and Address of Currer			ان ا		10, Name and Address of New R	
FILI	MARA, FRANK	2. <del></del> <del></del>		81	Name		
764 W STATE ROAD 436		82	Street	Address (P.O. Box Number is Not Acceptable)			
ALT	AMONTE SPRINGS FL 32714			83			
				84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, F	Iorida Statutes,	the above	-named	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered
agent. I a	m familiar with, and accord the oblid	Jons of Section	607.0505, Floric	la Statutes	12		/// appointment as registered
SIGNATURE	Signature, tyriod or printed name a pursuant and	nt and title if applicable	(NOIL: F	/ Cu/l	nt signature	F1UMa/a	9/25/95
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	
TITLE	CP	Ĺ	] DELFTE	1. THE			Change Addition
NAME ATOTET ADODESS	FIUMARA, FRANK			1.2 NAME	ADODEOO	11108 E Campion Bly	nd Str. 102
STREET ADDRESS CITY-ST-ZIP	764 W STATE ROAD 436 ALTAMONTE SPRINGS FL 32	714 \		1.\$ \$18661 1.\$ CITY - ST	1	1428 E Semoran Bli Apopka, FL.32	703
TITLE	VI	<u> </u>	DELETE	2.1 THLE		- Maria - 10 d	☐ Change ☐ Addition
NAME	FIUMARA, KAREN	/	`	22 NAME		<b>i</b>	
STREET ADDRESS	784 W STATE ROAD 438			2.3 STREET	ADDRESS		
CITY-ST-ZIP TITLE	ALTAMONTE SPRINGS FL 327	714	DELETE	2. 4 CITY-S 3 1 TITLE	I - 7/P		Change Addition
NAME	STANLEY, RICHARD	.5	Dellere	3.2 NAME	,		
STREET ADDRESS	764 W STATE ROAD 438			3.8 STREET	ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32	714		3.4. CITY - S	I-7(P		
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET 4.4 CITY-S			
CITY-ST-ZIP TITLE			DELETE	5 h THLE	1-211		Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5 B STREET	ADDRESS		
CITY-ST-ZIP			1	54 CHY-S	I-ZIP		
TITLE		L.	DELETE	6 1 THILF			Change Addition
NAME OTOTET ADDDESS				6/2 NAME	1DDDCAA	,	
STREET ADDRESS				63 STREET	AUDRESS		

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 changed, or on an attachment with an address.