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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| Principal Place of Business Page 1700 - The 1800 of 1700 - The 1800 of 1700 - The 1800 of 1700 of 1800 of 180 | | | | | |
|--|--|--|-----------------------------------|--|---|
| | | | | 3. Date Incorporated or Qualified 03/15/1996 | 3a. Date of Last Report 3-15-96 |
| 2. Principal F | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 392 | lace of Business FOREST PARK CI | R. 26 392 FOREST | - PARK CIR. | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc | | 5. Certificate of Status Desired | S8.75 Additional Fee Required |
| City & Stat | | City & State 28 LONGWOOD | FL | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 7:p | WOOD, FL Country | Zip | Country | This corporation has liability to | |
| 24 <i>327</i> | 79 25 | 29 327'14 3 | 10 | Florida Statutes | Yes No |
| | Name and Address of Curr | | 61 Name | 10. Name and Address of New F | |
| 120 | R poration Service Compai 1 -Hays Street - Lahassee Fl-82801-2525 - | N1 | 82 Street Addre | ERRY J. WALKE iss (P.O. Box Number is Not Accept S. MAITLAND | able) AVE. |
| 7776 | EN MODEL TE GEOUTEDED - | | 83 SUI | | |
| | | | R4 City | AITLAND | FI 85 Zip Code |
| office or | registered agent, or both, in the Sta am familiar with, and accept the obl | ate of Florida. Such change was au ligations of, Section 607.0505, Flor | thorized by the corporation | on's board of directors. I hereby acc | purpose of changing its registered ept the appointment as registered 2-10-97 |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
| 71111.F | PSTD | DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GERALD LOSS | ADM OFFICE | 1.2 NAME | | |
| STREET ADDRESS | 392 POREST P | ARR CIRCLE | 1 3 STREET ADDRESS | | |
| CATY-ST-74P TOLE | LONGWOOD, F | L 36//7 | 1.4 CITY-ST-ZIP 2.1 TITLE | | Change Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | • | 2 3 STREET ADDRESS | | |
| CITY-ST ZiP | | | 2. 4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME . | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | |
| CHIV - ST - ZIP | | DELETE | 3.4. C(TY - ST - ZIP 4.1 T(TLE | | Change Addition |
| NAME | | F | 4. 2 NAME | | • • • • • • • • • • • • • • • • • |
| STREET ADDRESS | 1 | | 4.3 STREET ADDRESS | | |
| CITY-S1-ZIF | | | 4.4 City-St-ZIP | | |
| THLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAM{ | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY - ST - Zip | | | 5.4 CITY-ST-ZIP | | |
| THE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | } | | 6.2 NAME | | |

6.3 STREET ADDRESS

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 14 if changed, or organ attachment with an address.

FILED

Apr 09 1997 8:00am

Secretary of State