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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

THE REAL PROPERTY.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000027771 (0)

1412 WEST COLONIAL, INC.

1412 W COLONIAL DR 1412 W COLONIAL DR ORLANDO FL 32604 ORLANDO FL 32804-7119 3a. Date of Last Report 3. Date Incorporated or Qualified 03/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trest Fund Contribution 28 Added to Fees Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **R1** Name LECCESE, JACQUELINE 1412 W COLONIAL DR 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 84 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 Florida. 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 printed name of registered agent and title if applicable (NOTE Registered Agont's grature required whon roinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE Change TITLE 1.1 TRUE LECCESE, JACQUELINE NAME 1.2 NAME 1412 W COLONIAL DR STREET ADDRESS 13 STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TIFLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3 1 717LE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 THEF Change Addition

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.

5.2 NAME

E.1 TITLE E.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - S1 - ZIP

5.4 CITY - \$1 - ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

On CHALLER P. 1

DELETE

407-422-3080

Change

Addition

FILED

Apr 28 1997 8:00am

Secretary of State