PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038994 (5)

WALTER MCFADDEN, P.A.

FILED Mar 07 1997 8:00am Secretary of State



Principal Plac	O OT BUSINESS	Maning Address				
1301 ADAMS ST LONGWOOD FL 32750		1301 ADAMS ST LONGWOOD FL 32750-755	1301 ADAMS ST LONGWOOD FL 32750-7558			
				3. Date Incorporated or Qualified 04/18/1996	3a. Date of Last Report	
2. Principal f	Pace of Business	2a. Mailing Address		4. FELNumber	Applied For	
21			3 <i>55</i> 3	59-3378263	Not Applicab	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le:	City & State		6. Election Campaign Financing		
23		28 Altamont	e Springs	_	\$5.00 May Be Added to Fees	
<i>Z</i> ip 24	Country 25	Zip	Country 30 U.S.A	This corporation has liability for Florida Statutes	ntangible tax under s. 199.032, Yes \textstyle No	
=======================================		Current Registered Agent		10. Name and Address of New Re	1	
MC	FADDEN, WALTER		81 Name			
1301 ADAMS ST			82 Street Add	fress (P.O. Box Number is Not Acceptab	ole)	
LONGWOOD FL 32750						
			83			
			84 City		FL 85 Zip Code	
11 Duraupot	to the previous of Sections 6	07.0502 and 607.1508. Florida Statute	as the above named cou	poration submits this statement for the p		
office or i	registered agent, or both, in th	e State of Florida. Such change was a	authorized by the corpora	ation's board of directors. I hereby accep	ot the appointment as registered	
	ببلغ فجروح مساسسي بالانتيان ومرازيين أراس					
agent La	am familiar with, and accept th	e obligations of, Section 607.0505, Flo	orida Statutes.			
agent La SiGNATURE	arn familiar with, and accept th Signature, typed or ported name of orga		orida Statutes. : Registered Agent signature requi	uired when reinstating)	DATE	
agent La SiGNATURE	am familiar with, and accept the	itered agent and title if applicable (NOTE RS AND DIRECTORS		uired when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
agent La	am familiar with, and accept th Signature, typed or product runne of organ OFFICE	itered agent and title if applicable (NOTE	: Registered Agent signature requi			
agent La SIGNATURE 12. THE NAME	Signature typed or produce name of organization typed or produce name of organization of the P MCFADDEN, WALTER	itered agent and title if applicable (NOTE RS AND DIRECTORS	: Registered Agent signature requi		CERS AND DIRECTORS IN 12	
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empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name