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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # **P96000043428 (7)**

SHENANDOAH I, INC.

Principal Place of Business

Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



BOIS TAMPICO DRIVE DRIANDO FL 32812		SO16 TAMPICO DRIVE ORLANDO FL 32812-6624					
					3. Date Incorporated or Qualified 05/22/1996	3a. Date of Last Report	
2. Principal Place of Business 2a. Mailing Address					4. #64 Number 6//	'	Applied For
21		26				Not Applicable	
Surie, Apr. #, etc.		Suite, Apt #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23		City & State	├─ ┐		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip Country 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
	9, Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered Agent	
W	est, charles v		8	1 Name			
3016 TAMPICO DRIVE ORLANDO FL 32812				Street Add	ddress (P.O. Box Number is Not Acceptable)		
,			8	3			
			8-	City		FL 85 2	?ip Code
office of	r registered agent, or both, in the S	tate of Florida. Such change was	s authorized b	by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing the appointment	ng its registered as registered
SIGNATURE	am familiar with, and accept the of						
40	Signature, typed or printed name of registered	· · · · · · · · · · · · · · · · · · ·		gent signature requ	uired when reinstating)	DATE	1000 111 10
12.	D	AND DIRECTORS DELETE	13. 1.1 1016		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	
NAME	WEST, CHARLES V		1.2 NAME				go
STREET ADDRESS	AAAA MAAAMAA AAAA			-1 ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY-				
TITLE	D	DELETE				Chan	ge 🔲 Addition
NAME	HONEYCUTT, HERBERT L		2.2 NAME				
STREET ADDRESS			2.3 STRF	T ADDRESS			
CITY-ST-ZIP	APOPKA FL 32703		2. 4 CITY	- S1 - ZIP	·	•	
TITLE	D WEST SHEDVI I	[] DELETE	3.1 TITLE			. L. Chan	ge 🔲 Addition
NAME	WEST, SHERYL L 3016 TAMPICO DRIVE		3.2 NAME				
STREET ADDRESS	ORLANDO FL 32812			ET ADDRESS			i
CITY-ST-ZIP	ALIFATA I F OFFIE	DELETE	3.4. CITY 4.1 TO LE	-51-20		☐ Chan	ge Addition
NAME	1	,	4, 2 NAM	E			
STREET ADDRESS	s			T ADDRESS			
CITY-ST-ZIP			4.4 CITY	ST-7IP			
TITLE		☐ DELETE	5.1 TITLE			☐ Chan	ge Addition
NAME			5.2 NAMI				
STREET ADDRESS	5		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	1	The person	5.4 CITY	ST-ZIP			· · ·
TITLE		DELETE	6.1 TITLE			☐ Chan	ge 🔲 Addition
NAME OTOTEX ADORES			6.2 NAME				İ
STREET ADDRESS	`			ET ADDRESS			
CITY-ST-ZIP			6.4 CITY	S1-ZIP			

4. 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 chapter 607 or on an attachment with an address.

Whiteles 11 1. Cet apre 421/97 407 894-4

CR2E034 (9/96)