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

DOCUMENT #	P96000045294	(1)
. Corporation Name	7300000040234	

	MEN I n Name EOHART	# P96000 , INC.)U4	5294 (1)							
Principal Place	e of Busines		N	Mailing Address					i indikan ka kasa akki anki anki anki ali	I ODCH DIOD	EINE HEIG HEIN	
2000 W CHURCH ST ORLANDO FL 32805			2000 W CHURCH ST ORLANDO FL 32805-2102									
									3. Date incorporated or Qualified 05/29/1996	3a. Da	ite of Last Re	port
2. Principal P	lace of Busin	1088	28	Mailing Address					4. FEI Number		Ap	plied For
		26	······································				59-3379967			t Applicable		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A			
22 City & State	e		27	City & State					6. Election Campaign Financing		\$5.00	<u></u>
23			28	1					Trust Fund Contribution		Added t	
Ζφ		Country	ļ,	Zip	—	intry	,		8. This corporation has liability for			199.032,
24	25 29 30 B. Name and Address of Current Registered Agent				30	<u> </u>			Florida Statutes L 10. Name and Address of New Re		No	
۸۲۸	RGE, FRAI		iit ueği	stereo Agent		81	Name		(U, HAIIID AIIU AUGICES VI HOTI HE	gistered	Agoin.	
		ASTLE RD				82	Ctroot A	ddro	ss (P.O. Box Number is Not Acceptal	ala)		
	ANDO FL 3					OZ.	SileerA	(C)OTE:	ss (r.o. box reuniber is real Acceptat			
•						83						
						84	City			FL	85 Zip 0	ode
11. Pursuant office or ragent. La	to the provis egistered ag m familiar wi	ions of Sections 607.050 gent, or both, in the Stati ith and accept the oblig	02 and (e of Flor pations o	607.1508, Florida St rida. Such change w of, Section 607.0505	atutes, the a as authorize , Florida Sta	bov d by tute	e-named o y the corpo s.	corpo oratio	ration submits this statement for the pon's board of directors. I hereby acce	ourpose of pt the app	changing its ointment as	s registered registered
SIGNATURE	Characteristics	for printed name of registered ag			(NOTE Decision		an a anathra		d when reinstating)	DAYE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
12.	зірпапне, тузез	OFFICERS AN			13.	n vile	ent a gristore)	equiec	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
TITLE	PTD			DELETE	1.1 7	ITLE		7****			Change	Addition
nave		, FRANCIS			12 N	AME	1					
STREET ADDRESS		ONE CASTLE RD					F ADDRESS					
CITY-ST-ZIP TITLE	VSD	O FL 32822		DELETE	1.4 C		ST-ZIP				Change	Addition
NAME	HART, ELIZABETH			2.2 N						oningo		
STREET ADDRESS		ONE CASTLE RD					r address					
CITY-ST-ZIP		O FL 32822			2.44	CITY-:	ST-ZIP					
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NAME					32 N	IAME	ľ					ļ
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NAME STREET ADDRESS	!						T ADDRESS					
CITY-ST-ZIP					1		ST-ZIP					
TITLE				DELETE	511						Change	Addition
NAME					5.2 N	AME						
STREET AODRESS					5.3 9	TREE	TADDRESS					
CITY-ST-ZIP					5.4 0	HTY-S	ST-ZIP					
TITLE				DELETE	6.1 T						☐ Change	Addition
NAME						IAME						
STREET ADDRESS					1		T ADDRESS					
CITY - ST - ZIP	Į.				640	://Y-	ST-ZIP					

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR

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 axachment with an address.

FILED

Jan 27 1997 8:00am

Secretary of State

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