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 # P96000047086 (9)

	nstallers, i) 000 t			····				
Principal Place of Business Mailing Address							i indiinet iin iniin attit affit dait	Marsi Masin Alfan	· f#915 #4191 104	10 0)(1 }061
15302 WILLOW TAVARES FL 3			5302 WILLOW LANE FAVARES FL 32778-8351							
							 Date incorporated or Qualifie 06/04/1996 	id 3a. Di	ate of Last R	· · · · · · · · · · · · · · · · · · ·
2. Principal Place of Business			2a. Mailing Address			4. FEI Number 59~3381356			pplied For	
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.			37-3381036			ot Applicable Additional	
22			27			5. Certificate of Status Desired			equired	
City & State			City & State			8. Election Campaign Financing)	\$5.00	May Be	
23			28			Trust Fund Contribution			lo Fees	
Zφ	C	ountry	Zip	├	Country		8. This corporation has liability			s. 199.032,
24	25	Address of Current I	29	30	1		Florida Statutes 10. Name and Address of New	Yes [
			registered Agent		B1	Name	TU. Name and Address of New	Mediareced	Agent	
	ement, G e esc B east fifth av									
			62	Street Add	ddress (P.O. Box Number is Not Acceptable)					
MU	UNT DORA FL 3	2101			83					
					94	Oit.			les l Zin	C-d-
					84	City		FL	. 85 Zip	Code
11. Pursuant	to the provisions o	Sections 607.0502	and 607.1508, Florida	Statutes, the	above	-named co	poration submits this statement for the	e purpose o	I changing i	ts registered
agent I a	registored agent, o am familiar with, an	d accept the obligate	ons of, Section 607.05	05, Florida S	Statutes	ine corpore	ation's board of directors. I hereby ac	cept the app	AUTHURIN AS	registereu
SIGNATURE		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						····		
12.	Signature, typod or printe	of name of registered agent OFFICERS AND			tered Ago	nt signature requ	uired when reinstaling) ADDITIONS/CHANGES TO OF	DATE	DIBECTOR	98 IN 12
TILLE	PRESIDE		DELE		.1 TITLE		ADDITIONS/CHANGES TO CE	TIOLIIO AIVE	Change	Addition
NAME	DEHNER, JER			1	.2 NAME					
STREET ADDRESS				1	.3 STREET	ADDRESS				
CITY ST 7F	TAVARES FL	32778		1	.4 CITY - \$1	T-ZIP				
TITLE	VICE PRES	SIDENT	☐ DELE	TE 2	.1 TITLE				Change	Addition
NAME	BRANDT, KI 16302 WILL	PP K.		2	2 NAME	1				
STREET ADDRESS	16302 WILL	OW THINE			.3 STREET					
CITY - S1 - 7/P	TAVARES F	Y-TREASURE	R DELE		. 4 CITY - S	T-2IP			Change	Addition
1HLE	SECKE INK	nneal .)	'V	a "	A TITLE	- 1			Citatige	Mudillou
CLBEET AUTOLOG	DEHNER, 15302 WIL	LAW LANE			2 NAME 3 Street	ANNATES				
CHY-S! ZIP	TAVARES,	EL 32778			4. CHY-S					
TITLE	12221113254	- V	DELE		1 TITLE	' 			Change	Addition
NAME.				4	. 2 NAME					
STREET ADDRESS				4	.3 STREET	address				
CHY-ST-ZiF					.4 City-S	r-zip				
TITLE			[] DELE		1 TITLE				Change	
NAME				•	2 NAME	NORDES -				
STREET ADDRESS	}			2	3 STREET	1				
CITY - S1 - ZIF			DELE		4 CITY-S	1-20"			Change	Addition
NAME				- I	2 NAME		•			. 10011-011
STREET ADDRESS					.3 STREET	ADDRESS	•			
CITY-SI-ZIP				I 1	4 CITY-S					
14. I do here	eby certify that the i	nformation supplied	with this filing does no	t qualify for	the exe	mption state	ed in Section 119.07(3)(i), Florida Sta at my signature shall have the same	tutes. I furthe	or certify that	t the
Lam an d	officer or director of	the corporation or th	pplemental annual rep ne receiver or trustee on on an attachment with	empowered	to exec	ute this rep	ort as required by Chapter 607, Florid	la Statutes; a	and that my	name

SIGNATURE

ERRY | Devise On Date

(352) 343-8836

FILED

May 07 1997 8:00am

Secretary of State