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

Mailing Address

2544 DELLWOOD DRIVE

ORLANDO FL 32806-1616

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

2544 DELLWOOD DRIVE

ORLANDO FL 32806

DOCUMENT # P9600049330 (9)

AROUND THE HORN, INC.

												3. Date incorporated or Quali	lied	3 a . Da	te of Last I	Seport			
2	Principal P	ace of Busi	ness			28	. Mailin	ng Address		——				06/10/1996 4. FEI Number		<u> </u>	11/4	pplied For	
21	- ¬ '					<u></u> -	26							4) I E) Hambol			⊢=	lot Applicable	
المنا	Suite, Apt. #, etc.					[20]	Suite, Apt. #, etc.						\dashv					Additional	
22					27	27						l	5. Certificate of Status Desire	d	V		lequired		
City & State						City & State							6. Election Campaign Financi	na		\$5.00	May Be		
23					28	28							Trust Fund Contribution	e.			to Fees		
Γ,	Zφ		1	Country			Zip		(Country	ý	····		8. This corporation has liabilit	v for in	ntangible	tay under	s. 199.032.	
24			25			29			30					Florida Statutes			Z No		
9. Name and Address of Current Registered Agent												10. Name and Address of New Registered Agent							
ABBOTT, ANITA D											81 Name								
2544 DELLWOOD DRIVE ORLANDO FL 32808										62	82 Street Address (P.O. Box Number is Not Acceptable)								
											Section (10) box reaction to recopiation								
										83	33								
										84	╀	City					85 Zip	Code	
										O4 City						FL	65 210	Code	
11	I. Pursuant	to the provi	sions	of Sectio	ns 607.050	02 and (507.150	8, Florida Statu	ites, thi	e abov	6-	named co	rpor	ation submits this statement for	the po	irpose 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.															s registered				
agent tain amiliar with, and accept the congations of, Section 607,0505, Piolida Statutes. SIGNATURE																			
اد	CONTONE	Standare, type:	d or par	ated name b	registered ag	ent and to	e if applica	ible (NC	TE: Regis	stered Age	ent	signature requ	uired	when reinstating)		DATE			
12	2.	· · · · · · · · · · · · · · · · · · ·		OFF	ICERS AN	ID DIRE	CTORS		1	13.		· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO	DFFICI	ERS AND			
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	. 1 do herel	by certify the	at the	informat	on supplie	d with t	his filin	g does not qua	lify for	the exe	em	ption state	ed ir	Section 119.07(3)(i), Florida Si	atutes	. I further	certify tha	t the	
														ly signature shall have the same as required by Chapter 607, Flo					
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