FILE NOW: FILING FEE	AFTER MAY 1 IS \$	55 0.00	APPROVED AND
PROFIT CORPORATION ANNUAL REPORT	FLORIDA DEPARTI Sandra B. Secretary	Mortham of State	FILED 1997 JUL -3 PM 1: 01
1997	DIVISION OF CO	PRPORATIONS	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # YYUW 1. Corporation Name TO BERT Y. WHI	re a assoc., i	INC.	MELANASSEE, FLORIDA
Principal Place of Business	Mailing Address		
2233 BARR CIRCLE	ZZ33 BARK	CIRCLE	;
DRIANDO, FLBORD	ORLANDO, FL	32807	7
. ,	1		3. Date interported or Qualified 3a. Date of Last Report
2. Principal Place of Quainess	2a. Mailing Address	40 0	4. FEI Number Applied For
21 2733 BAIR CIRCLE Suite, Apt #, etc.	26 2733 BAL Suite, Apt. #, etc.	IR CINCL	\$9.75
22	27		5. Certificate of Status Desired Fee Required
City & State CRUANDO FL	City & State 28 OCLANDO	FL	Bection Campaign Financing Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	This corporation has liability for intangible tay under s. 199.032,
24 3 ZPO7 25 USA 9. Name and Address of Curren	29 32807 3	0	Florida Statutes
A.C.	The state of the s	81 Name	
PROCESTY, WHIT	6	82 Street	I Address (P.O. Box Number is Not Acceptable)
2233 BARK CI		83	LET BAKK CIKCLE
ORMANOU FL	32807	84 City	85 Zin Carle
11. Pursuant to the provisions of Sections 607 050	12 en 607 1508 Florida Statulas		Congression submits this statement for the suppose of the suppose of the statement for the suppose of the suppose of the statement for the suppose of the su
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation	of florida Such change was aut	horized by the corp da Statutes.	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name regisfered age			
12. OFFICERS AN		13.	re required when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	☐ DELETE	1.1 TITLE	VICE PRESIDENT Change Addition
NAME STREET ADDRESS		1.2 NAME 1.3 STREET ADDRESS	ROBERTY, WHIVE 2233 BARR CIRCLE
CITY-ST-ZIP		1.4 CHTY-ST-ZIP	ORLANDO, FL 32807
TITLE	☐ DELETE	2.1 TITLE	Change Addition
STREET ADDRESS		2.2 NAME 2.3 STREET ADDRESS	5000022336650 -07/09/97-01046011_
City-St-ZiP		2, 4 CITY-ST-ZIP	-07/09/97U1U451JII ****173.75*****173.75
TITLE	☐ DELETE	3.1 TITLE * 3.2 NAME	Thange * Madition
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP	December 1	3.4 CITY-ST-ZIP	
TITLE NAME	L DELETE	4.1 TITLE 4. 2 NAME	Change Addition
STREET ADDRESS		4.3 STREFT ADDRESS	
CITY-ST-ZIP	Dorum	4.4 CITY - S1 - ZIP	
TITLE :	LJ DELETE	5.1 TITLE 5.2 NAME -	☐ Change ☐ Addition
STREET ADDRESS		5.3 STREET ADDRESS	1
City-St-ZiP		5.4 CITY-ST-ZIP	
TITLE	L DELETE	61 TITLE 62 NAME	Change Addition
STREET ADDRESS		6.3 STREET ADDRESS	-Chor.
CITY-ST-ZIP	de st. Al Ph	6 4 CiTY - ST- ZIP	/ 11 -
information indicated on this annual report or	with this filling does not qualify for upplemental annual report is true	or the exemption si and accurate and	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the d that my signature shall have the same legal effect as if made under oath; that
appears in Block 12 or Block 13 if changed			d that my signature shall have the same legal effect as if made under oath; that report as required by Chapter 607, Florida Statules; and that my name
SIGNATURE:	PRINTED NAME OF SIGNING OFFICER OF	GRT YILL	VKIPE N.R. 6/20/97 (407)657-9467