## 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

2145 1ST AVENUE SOUTH	2145 1ST AVENUE SOUTH
Principal Place of Business	Mailing Address

**FILED** Mar 14 1997 8:00am Secretary of State

Principal Piaco of Business Pr				TH					
						3. Date Incorporated or Qualified 3a. 06/13/1996	Date of Last Re	port	
2. Principal F	Place of Business	2a. Mailing Ac	dress			4. Et l Number	Ap	plied For	
21		26				\$7~3384162 Not Applies			
Suite, Apt.	#, etc.	errors.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22 City & Stat		City & Stat	· · · · · · · · · · · · · · · · · · ·				Fee Re	<u> </u>	
23	е	28	U			6. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added t		
Zip	Country	7tp	<del>-</del>	Country		Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	ĺ			F=1 F=1		
	9. Name and Address of Curre	nt Registered Agen	l			10. Name and Address of New Register	ed Agent		
	LMAN, MITCHELL C			61	Name				
	SO ORANGE BLOSSOM TRAIL			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32839			83					
				03					
				84	City		<b>85</b> Zip C	Code	
office or a agent. I a	(001)	02 and 607,1508, File of Forda Such characters of Section 60 section 40 and are the control of t				poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its appointment as a	registered registered	
12.	<del></del>	ID DIRECTORS		13,		ADDITIONS/CHANGES TO OFFICERS /	ND DIRECTOR	S IN 12	
TITLE	PTD		DELETE	1.1 1111.6			Change	Addition	
NAME	SHULMAN, MITCHELL C			1.2 NAME					
STREET ADDRESS	4520 SO ORANGE BLOSSOM	TRAIL		13 STREET	ADDRESS			Į:	
CITY-ST-ZIP	ORLANDO FL 32839			1.4 CITY - S	1 - 712			/	
TITLE	VSD	نا	DELETE	2.1 111kF			Change	Addition	
NAME	SHULMAN, RONALD A 4520 SO ORANGE BLOSSOM	TDAII		2.2 NAMŁ	A CORSOL				
STREET ADDRESS	ORLANDO FL 32839	INVIL		2 3 STREET	• •			1	
CITY-ST-ZIP TITLE	UNDANDO I E 32839		DELETE	2 4 CHY-5	51.7IP		Change	Addition	
NAME			Í	32 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP			ł	3.4 CHY-5	1 - ZIP				
TITLE			DELETE	4.1 THLE			Change	Addition	
NAME				4. 2 NAME					
STREET ADDRESS			•	4.3 \$1REF1	ADDRESS			1	
CITY-ST-ZIP			011616	4 4 CI1Y - S	I - 7IP		——————————————————————————————————————		
TITLE		LJ	DELETE	5.1 THEF			Change	Addition	
NAME OVOCCY ADDRESS			[	5.2 NAMI	#NABSOS			{	
STREET ADDRESS				5.3 STREET					
CITY-S1-ZIP			DELETE	64 CHY-S	1 • 241'		Change	Addition	
NAME		LJ	p-, CE 1 E	-6.2 NAME	1	1	m shands	L. Addition	
STREET ADDRESS				63 STREET	ADDRESS	:			
CITY-ST-ZIP			I	64 CITY-S	· · · ]			1	
	by certify that the information supplic	ed with this filing doc	s not qualify to			d in Section 119.07(3)(i), Florida Statutes. Hur	hor certify that t	the	

I formation 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 eath; that I am an officer or director of the corporation or the receiver or truster expowered 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 attachment with an address.

**SIGNATURE:** 

2.84)

402855-0783