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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000053102 (5)

FILED Apr 09 1997 8:00am Secretary of State

Principal Plac	CE OF Business TED OAKS CIRCLE L 34741	Mailing Address 4100 ENCHANTED OAKS KISSIMMEE FL 34741-290			
				3. Date incorporated or Qualified 66/21/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	#, etc	Suite, Apt. #, etc	<u></u>	<u> 59-338,4849</u>	Not Applicable 88.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	lle	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28] Zip	Country	Trust Fund Contribution L 8. This corporation has liability for inta	Added to Fees
24	25	29	30	Florida Statutes	
	9. Name and Address of Curr			10. Name and Address of New Regis	tered Agent
SUI	LLIVAN, MICHAEL J		81 Name		
	NORTH ORANGE AVENUE #2	2050	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
UK	LANDO FL 32801		83		
			84 City		FL 85 Zip Code
11. Pursuan	t to the provisions of Sections 607.0	0502 and 607.1508, Florida State	ites, the above-named corp	poration submits this statement for the purp	pose of changing its registered
SIGNATURE	Signature, typed or printed name of registered	agent and allo if applicable. (NO	DTE: Registered Agent signature requi		DATE
SIGNATURE	Signature, typed or printed name of registered				DATE IS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or punited name of registered OFFICE RS A	agent and tillo if applicable. (NO	DTE Registered Agent signature requi	lired when reinstating)	DATE IS AND DIRECTORS IN 12
SIGNATURE 12. THE	Signature, typed or punited natural of registered OFFICERS / D NOBLE, R.E.	agent and tillo if applicable. (NO	DTE Registered Agent signature regul	lired when reinstating)	DATE IS AND DIRECTORS IN 12
SIGNATURE 12. THE NAME	Signature, typed or printed name of registered OFFICE RS A D NOBLE, R E	agent and tillo il applicable. (NG AND DIRECTORS DELETE	TE Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	lired when reinstating)	DATE IS AND DIRECTORS IN 12
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4. 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 chapter, or on an attachment with an address.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR DOLLE PRES 3/7/97 214-343-1452

CR2E034 (9/96)