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

CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

THATNAME, INC.

Principal Place of Business

Mailing Address

## **FILED** May 08 1997 8:00am Secretary of State



2716 OHOKABAW TRAIL STE 3C ORLANDO FL 32822			2716 CHICKASAW TRAIL STE 3C ORLANDO FL 32829-8550			
					3. Date Incorporated or Qualified 07/01/1996	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26	26			X Not Applicat
Sulte, Apl.	#, e1c.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			U, Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
3		28	7		Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Coun	ıry	8. This corporation has liability for in	
4	25 9. Name and Address of Cu	rent Bodstered Agent	30		Florida Statutes  10. Name and Address of New Reg	Yes No
1 MIP		Hent Hegistered Agent		1 Name	IV. Name and Address of New Mag	SISTORY AGOIT
LINU	Den, gerald e 8 Chickasaw Trail Ste 30	•				
2/ II	ANDO FL 32822	,	82 Street A		ddress (P.O. Box Number is Not Acceptable)	
Uni	MNDO FL 32022		Ĕ	3	The commence of the commence o	
		•				
			Ē	4 City		<b>E1</b> 85 Zip Code
11 Purquent	to the provisions of Sections 607	0502 and 607 1508 Florida Stati	iles the abo	we-named cor	poration submits this statement for the p	roose of changing its registers
office or I	registered agent, or both, in the S	tate of Florida. Such change was	authorized	by the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	t the appointment as registered
	am tamiliar with, and accept the o	bligations of, Section 607.0505, F	iorida Statu	es.		
SIGNATURE	Signature, typod or printed name of registere	Own a strength of the boat age to the boat age	III : Registored	Voten' signature regu	uired when reinstating)	DATE
12,		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 100			Change Additi
NAME	LINDEN, GERALD E		1.2 NAM	lt		
STREET ADDRESS	Company of the compan			ET ADDRESS		
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NAME			6.2 NAN	16		
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ICITY-ST-ZIP			6.4 City	'- \$1 - ZIP		

64 CITY-S1-ZIP

Lob 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 consortation of the receiver or true to empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or Block 12 or an attachment with an address.