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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State &

FILED
May 15 1997 8:00am
Secretary of State

	1997	DIVISION OF	COMPURATIONS		ary or	State	
DOCUI	MENT # PG(000055	522)				
Alda	. Jues of Cents	af Fl INC.					
mar							
Principal Plan	e of Business	Mailing Address 16 32 ON1	oce No				
	100 15 700	ORCHWAO 378	pc				
OCOE FC 34787			05			ite of Last Report	
2. Principal P	lace of Business LULICT RV	2a. Mailing Address		J. FEI Number 59-338419	g -	Applied For Not Applicable	
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.7	5 Additional	
City & State	6	City & State	<u> </u>	6. Election Campaign Financing		e Required OO May Be	
3 8400	Country	28	Country	Trust Fund Contribution	□ Add	led to Fees	
3 478	7 25 Shange	29	30	8. This corporation has liability for Florida Statutes	Yes No	er s. 199,032,	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent		
Joseph T. Ross			82 Street Add	Address (P.O. Box Number is Not Acceptable)			
TOSOLA T. ROLS 1632 ONIOCE ANT ORLAWDO FC 32803			83				
OR	CAWIO PC 3	, 2003	84 City		85	Zip Code	
44 Parcagait	to the avenue one of Sections 607.050	2 and 602 1508 Florida Statu		position submits this statement for the r	FL T	·	
office or r ancer La	registered agent, or boy, in the State im fan har warr brid accept the oblig	of Florida, Such change was allons of, Section 607,0505, F	authorized by the corporal lorida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointmen	t as registered	
SIGNATURE	Mulle			4	16/57		
12.	Stignurs of typing if prested reime of registered ago OFFICERS ANI		IE Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 12	
THU	DRUSINENT	DELETE	1.1 TITLE		Char		
NAME STREET ADDRESS	Tosaph Mas	/ <i>U</i>	1.2 NAME 1.3 STREET ADORESS				
047 <u>51.7</u> 18	ope to do Fe	32803	1 4 CITY - ST - ZIP				
TITLE NAME	Secretary Theres	UNG N DELETE	2 1 TITLE 2 2 NAME		L Char	nge L. Addition	
Stell LACIDIS so	(SAME)		2.3 STREET ADDRESS				
01+31-74	(3/////	DE CAR	2. 4 CITY - ST - ZIP				
TIFLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME		∟ Char	ige L.] Addition	
STREET ALLEGE SS			3.3 STREET ADDRESS				
Otx 51_20		DELETE	3.4 CITY-ST-7IP		Char	nge	
NAME		Land Derrote	4 1 TITLE . 4 2 NAME		L Ullai	ide 🗂 voorrou	
STREET AT THE SE			4 3 STREET ADDRESS	1	Λ		
COTY ST ZIE		Locata	4.4 City-St-ZiP	<i>M</i> 11	<u> </u>		
Mara		DELETE	5 1 TITLE 5 2 NAME		Char	ige 🛄 Addition	
STHEET A ORESO			5 3 STREET ADDRESS	10	\checkmark		
09/31/77		Del Pre	5 4 CITY - ST - ZIP]	[11:00	
Ant.		☐ DELETE	6.1 TITLE 6.2 NAME	10000219	3485 1	nge 🔲 Addition	
59811 6 334 9			6.3 STREET ADDRESS	10000213 -05/29/97010	71004		
£ 15 KI 205			6.4 CITY - ST - ZIP	***165.00			
14. I du nerat informatiu Laceres e	by certify that the information supplied or indicated on this armual report or s the arroy director of the porces of the	d with this filing does not qual supplemental annual report is the congiver or trusted agree	iffy for the exemption stated true and accurate and that wered to execute this repo	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S	s. I further certify i I effect as if made tatutes: and that i	rnat the e under oath; that my name	
appeans i	in Blank 12 or Black 13 if changing a	r in an attachment with an ad	Idress.	Table of the state	A and that i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR