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

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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 15 1997 8:00am Secretary of State

DOCUMENT # P96000055610 (5)

Principal Place	e of Business	Mailing Address					
4250 ALASAYA TRAIL SUITE 212323		4250 ALASAYA TRAIL SUITE 212323					
OVIEDO FL 32	765-9424	OVIEDO FL 32765-9412			3. Date Incorporated or Qualified 06/27/1996	3a. Date of Last	Report
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI NUMBER 3405190	 -	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		Additional Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
Zip 24	Country Zip Cour 25 29 30				This corporation has liability for Florida Statutes	ntangible tax under Yes No	s. 199.032,
	9. Name and Address of Current R	legistered Agent			10. Name and Address of New Je	gistered Agent	
MO	ORE, ERIC A		81	Name			
4250 ALASAYA TRAIL SUITE 212323				Street Addre	ess (P.O. Box Number is Not Acceptab	ele)	
	EDO FL 32765-9424		83	 			
			84	City		FL 85 Zip	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
	Signature, typest or printed name of registered agent a			n signature require	d when reinstating)	DATE	
12.	OFFICERS AND D		13.	192.	ADDITIONS/CHANGES TO OFFIC		
1/TLF		☐ DELETE	1.1 TITLE	PRO	esident ric A. mosne	☐ Change	B
NAME			12 NAME 13 STREET ADDRESS 4		SO AIRFAYA TR. STE. 2.	12323	
STREET ADDRESS				ADDRESS 7	viepo, Fl. 32765-94	24	
CHTY-ST-7#P			1.4 CITY - ST	-21P 01	11000, 11. 22162 11	Change	T Assessor
TITLE MALE			21 TITLE			Change	e 🛄 Addition
NAME STORES ACCORDED	4 · · ·		2 2 NAME	+ BBBCCO			
STREET ADDRESS			2.3 STREET				
CITY-ST-769 TITLE			2 4 CITY-S 31 TITLE	1-214		Change	e Addition
NAME			32 NAME			i Em onorige	,
STREET ADDRESS			33 STREET	ADDRESS			
CITY-SI-7#			34. CITY-S	, and the second			
THLE			41 TITLE			☐ Change	e Addition
NAME			4 2 NAME			- •	***
STREET ADDRESS			4.3 STREET	ADDRESS			
CHTY-SI-74P			4.4 City-St				
THLE		☐ DELETE	51 TITLE			Change	e Addition
NAME			52 NAME				
STREET ADDRESS			5 3 STREET	address			
CPY+ST-769			54 CITY-ST	- ZIP			
HILE		DELETE	61 TITLE			☐ Change	e Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-S1-ZIP			6.4 CITY+S1				
14. I do herel	by certify that the information supplied with indicated on this annual report or sup	vith this filing does not qualifully	y for the exer	nption stated	in Section 119.07(3)(i), Florida Statute	s. I further certify the	at the

Tam 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 changed, or on an attachment with an address-

467-366-2792