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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000062027 (3)

## WRIGHT-IN-LINE CORPORATION

Principal Place of Business

Mailing Address

## FILED Feb 17 1997 8:00am Secretary of State



8225 HELENA DRIVE ORLANDO FL 32817			8225 HELENA DRIVE ORLANDO FL 32817-1226									
								3. Date Incorporated or Qualified 07/24/1996	3a. Dat	e of Last F	Report	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		-	pplied For	
21			26					3 7 - 338 7 9 Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	<u> </u>	\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip 24	Country Zip 25 29			3	Country 30			8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
WRK	GHT, CHRISTINE				81	Nam	ė					
	S HELENA DRIVE ANDO FL 32817		82 Street Add			et Addres	ss (P.O. Box Number is Not Acceptate	ole)				
					83							
					84	City			FL	<b>85</b> Zip	Code	
office or re agent. I a	to the provisions of Si egislered agent, or bi m familiar with, and a	oth, in the State o	f Florida. Such cha	nge was au	uthorized by	/ the co	ed corpo orporatio	ration submits this statement for th <b>e p</b> on's board of directors. I hereby acc <b>e</b> p	ourpose of ot the appo	changing intment as	its registered s registered	
SIGNATURE	Signature, typed or printed n	ame of registered agent	and title if applicable.	(NOTE	Registered Ag	ert signati	ure required	d when reinstating)	DATE			
12.	-3	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	D			ELETE	1 1 TITLE					Change	☐ Addition	
NAME	WRIGHT, CHRIST	INE			1.2 NAME							
STREET ADDRESS	8225 HELENA DI	RIVE			13 STREET	ADDRES:	s					
CITY-ST-ZIP	ORLANDO FL 32	817			1.4 CITY - S	ST - ZIP					•	
TITLE				ELETE	21 TITLE					Change	☐ Addition	
NAME					2 2 NAME							
STREET ADDRESS					2.3 \$1 REE1	ADDRES	s					
CITY-ST-ZIP					2 4 CHY-	ST-ZIP						
TITLE		-		DELETE	3.1 TITLE					Change	Addilion	
NAME					3.2 NAME						1	
STREET ADDRESS					3.3 STREET	ADDRES	S					
CITY-ST-ZIP					3.4. CITY -	ST - ZIP						
TITLE				DELETE	4.1 TITLE					Change	☐ Addilion	
NAME					4. 2 NAME		ļ				]	
STREET ADDRESS					4.3 STREET	ADDRES	S				1	
CITY-ST-ZIP					4.4 CITY - S	ST - ZIP					1 4 4 6 6	
TITLE			LJ i	DELETE	5.1 TITLE					Change	Addition	
NAME					5.2 NAME							
STREET ADDRESS					5.3 STREET		S					
CITY-ST-ZIP				NE CTE	5.4 CITY - S	T-ZIP				Change	Additor	
TITLE			LJ L	DELETE	6.1 TITLE					Change	☐ Addition	
NAME					6.2 NAME							
STREET ADDRESS					6.3 STREET		5					
CITY S1-ZIP	by certify that the info	mation europlied	with this filing does	not qualify	6.4 CITY-5		stated i	in Section 119 07(3)(i) Florida Statute	s I further	certify the	t the	

14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Forda Statutes. 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 of 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 an antachment with an address.

SIGNATURE DAL

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