FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00				FILED	
	ROFIT PORATION	FLORIDA DEPARI		Feb 07 1997 8:00am	
	AL REPORT	Secretary		Secretary of State	
	997	DIVISION OF C	ORPORATIONS		ary of State
DOCUN 1. Corporation I ANDREW	IENT # P9600(GENERAL CONTRACTOR	DO66268 (9) rs, inc.			
Principal Place of Business Mailing Address 9324 AMBER OAK DRIVE 9324 AMBER OAK DRIVE ORLANDO FL 32817 ORLANDO FL 32817				 4 (1004)100 140 JUNE (1001)1 (1001)1 	GATIL DIVID DIVID FRAKT DIVAT LEVE FRAF
				3. Date Incorporated or Qualified 08/08/1996	3a. Date of Last Report
2. Principal Place 21 8324 A	ce of Business	26. Mailing Address 26 8324 Ambe	EL MAK DT	4. FEI Number 59-3394 707	Applied For Not Applicable
Suite, Apt #,		Suite, Apt #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	100, FC.	City & State 28 0/21 ANDO,	FL.	6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
24 Zip 24 3281	Country	2932817	Country 30 UJA	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, ∦Yes □ No
ANDO	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Rep	jistered Agent
ANDREW, TODD M 81 Name 8324 AMBER OAK DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)					
ORLA	NDO FL 32817		83	· · · · · · · · · · · · · · · · · · ·	
			84 City		85 Zip Code
11 Pursuant to	the provisions of Sections 607.05	02 and 607 1508 Florida Statute		poration submits this statement for the n	
office or reg agent. Lam	gistered agent, or both, in the Stat) familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized by the corpora rida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	Ignation Typed or product rain util registered as	gent and bile if applicable (NOTE	Registered Agent signature requ	ired when reinstating)	DATE
12. TITLE	OFFICERS AN		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
	ANDREW, TODD M		1.2 NAME		
	8324 AMBER OAK DRIVE		1.3 STREET ADDRESS		Change Addition
CITY - ST - ZIP THLE	ORLANDO FL 32817	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP	. <u> </u>	DELETE	2.4 CITY-ST-ZIP	····	Change Addition
TITLE			3.1 TITLE 3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3.4. CITY-ST-ZIP		
THLE NAME			4.1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	······································	
TITLE NAME		DELETE	5.1 TITLE 5.2 NAME		Change Addition
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP	·	
TITLE		DELETE .	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY+ST-ZIP		
information	i indicated on this annual report or	supplemental annual report is tr	ue and accurate and that	d in Section 119.07(3)(i), Florida Statute It my signature shall have the same lega	l effect as if made under oath; that
l am an offi	icer or director of the corporation of Block 12 or Block 13 if changed,	or the receiver or trustee empowe	ered to execute this repo	ort as required by Chapter 607, Florida S	tatutes; and that my name
SIGNATURE: 7-12-11-11-11-11-11-11-11-11-11-11-11-11-					
JUNAIL	SIGNATURE AND TYPED O	DR PRINTED NAME OF SIGNING OFFICER	DR DIRECTOR	Date	Daytime Phone