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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

CITY-S1-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 29 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # **P96000068882 (5)**

Principal Place \$41 OHO STRI WINTER PARK	SET	Mailing Address 341 OHO STREET WINTER PARK FL 32789-354	H		
				3. Date Incorporated or Qualified 3a 08/19/1996	i. Date of Last Report
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-3396732	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	9	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30		<b>&gt; X</b> No
				10. Name and Address of New Registered Agent	
343 ALMERIA AVENUE CORAL GABLES FL 33134  83  84 Cit				FERGE P. MORRIS ress (P.O. Box Number is Not Acceptable) OHIO STREET  INTER PARK	FL 85 38789
	Stgnature, typed out integration of registered ag	WWW SEE TO COLUMN SEE THE SEE SEE SEE SEE SEE SEE SEE SEE SEE S	s, the above-named corpitations of the corporation	poration submits this statement for the purpo- tion's board of directors. I hereby accept the RRIS, PRESIDENT and when reinstalling!	4-23-97
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
NAME	PSTD Morris, George P 341 Ohio Street	□] DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP	WINTER PARK FL 32789		1.3 STREET ADDRESS 1.4 CHY-ST-ZIP		
TITLE	THE PROPERTY OF SELECT	DELETE	21 TILE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 C(1Y - S1 - Z(P	program of the Administration of the State o	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C(1Y-ST-ZIP		
TITLE		DEFETE	5.1101E		Change Addition
NAME OTOGET ADDRESS	•		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		

14. I do 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 logal effect as if made under oath; that I am 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.

54 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

61 MILE

62 NAME

DELETE