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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600083714 (1)

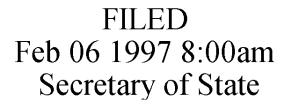
I am an officer or director of the corporation or the receiver or truster appears in Block 12 or Block 13 if changed of an attack.

SIGNATURE:

WELLINGTON P. COMPANY

FILIX	apa	riac	e oi	Busi	K
2605	CH	ATMA	N CI	RĈLE	

Mailing Address





2005 CHATMAN CIRCLE KISSIMMEE FL 34746		2605 CHATMAN CIRCLE KISSIMMEE FL 34746-5189						
					3. Date Incorporated or Qualified 10/10/1996	d 3a. Date of Last Report		
2. Principal Pl	2a. Mailing Address			4. FEI Number	 	A	pplied For	
21 350/	26			59-3403830	Not Applica		lot Applicable	
Suite, Apt.	Suite, Apt. #, etc.			6. Certificate of Status Desired	*	\$8.75 Additional Fee Required		
City & State	immer it	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	County	Z _I p	Country	/	8. This corporation has liability for h	ntangible t		
24	14 25 U.S	29	30		· · · · · · · · · · · · · · · · · · ·	Yes [
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Re-	gistered A	gent	
AME	RILAWYER CHARTERED		81	Name				
343	ALMERIA AVENUE		82	Street Ada	dress (P.O. Box Number is Not Acceptab	lo)		
COR	IAL GABLES FL 33134		0.	oned registry by the manifest of the Acceptable)				
			83				***************************************	4
			84	City		FL	85 Zip	Code
11 Pursuant t	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	os the show	n named oor	rporation submits this statement for the p		<u> </u>	the restricted of
office or re agent. I as	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized b orida Statute	y the corpora s.	ation's board of directors. I hereby accep	t the appo	intment as	s registered
SIGNATURE	Signature Type of printed name of registered ago	ort and tife if applicable. (NOT)	E: Registered Ag	ent signature requ	uired when reinstating)	DAYE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addition
NAME	BATINI, HELIO		1.2 NAME					
STREE1 ADDRESS	2605 CHATMAN CIRCLE		1.3 STREE	T ADDRESS				
CI1Y - S1 - ZIP	KISSIMMEE FL 34746		1.4 CITY-1	ST-ZIP				
TITLE	5	☐ DELETE	2 1 TITLE				Change	☐ Addition
NAME	DE COSTA BATINI, EDNA COE	:LNU	2.2 NAME					
STREET ADDRESS	2605 CHATMAN CIRCLE		2.3 STREE	T ADDRESS				
CITY - ST - ZIP	KISSIMMEE FL 34748		2. 4 CITY-	ST-ZIP				
TITLE		DELETE	3.1 TITLE			1	Change	Addition
NAME			32 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP		TT access	3.4. CITY-	ST-ZIP				
TITLE		L_) DELETE	4.1 TITLE			1	Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS				ADDRESS				
CITY-S1-ZIP		heiere	4.4 CITY - 5	ST-ZIP			T Charter	1 4 4 4 4 4
TITLE		DELETE	51 TITLE	1		1	Change	☐ Addition
NAME CTOCKY ADDOLES			5 2 NAME					
STREET ADDRESS			5 3 STREE					
CHTY-ST-7IP TITLE		☐ DELETE	5.4 CITY-1	51 - ZIP			Change	Addition
			6.1 TITLE			,	cuange	Addition
NAME CTREET ADORESC			6 2 NAME	ADDRESS				
STREET ADDRESS		•	63 STREET					
14. Ldo berek	by cortify that the information econolies	d with this filing does not qualif	64 CITY-:		ed in Section 119.07(3)(i), Florida Statutes	1 further	portify the	l tha
information Lam an of	n indicated on this annual report or s	supplemental annual report is to the receiver or trustee empow	rue and acc rered to exec	urate and the	at my signature shall have the same legal ort as required by Chapter 607, Florida S	offert ac	il maria ur	nder neth-that