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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P96000089673 (3)

FENN SI	PORTS SYSTEMS, INC.						1 <b>1111</b> 1 1111		
Principal Place 1870 ALOMA A SUITE 110 WINTER PARK	VENUE	Mailing Address  1870 ALOMA AVENUE SUITE 110 WINTER PARK FL 32789	1870 ALOMA AVENUE						<b>JI 1</b> 111 1 <b>01</b> 1
	<del></del>					3. Date Incorporated or Qualified 10/31/1996	3a. Da	ate of Last R	eport
Principal Place of Business		2a. Mailing Address 26	26			4. FEI Number 59-340 25	19	No	oplied For ot Applicable
Sulte, Apt. #, etc.		Suite, Apt #, etc.	27			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip	Country 25	2(p 29	30 Cou	ntry		1	Yes [	_ No	. 199.032,
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered	Agent	
	C. <b>CO.</b>			81	Name				
200 S. ORANGE AVENUE SUITE 2300				82 83	Street Add	reet Address (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32801			84	City			<b>85</b> Zip (	Code
							FL	.   -	
office or re agent. I a	to the provisions of Soctions 607.05 egistered agent, or both, in the Stat m familiar with, and accopt the obli	02 and 607.1508, Florida Stat te of Florida. Such change wa: gations of, Section 607.0505, I	ules, the at s authorized Florida Stat	ove by utes	e-named con the corpora s.	rporation submits this statement for the pation's board of directors. I hereby accept	urpose o at the app	l changing it pointment as	.s registered registered
SIGNATURE	Signature, typod or punied name of registered a	gent and little if applicable (N	OTE Registered		rit signature req	uired when reinstating)	DATE		
2.	ÖFFICERS AT	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	
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AME	FENNELL, TIMOTHY E	446	1,2 NA						
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informatio I am an ol	by certify that the information supplied in indicated on this annual report or flicer or director of the corporation on Block 12 or Block 13 if obtained.	supplemental annual report is or the receiver or trustee empt	s true and a owered to o	exe	mption state trate and that ute this repo	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	s. I furthe I effect as tatutes; a	r certify that s if made un- and that my r	the der oath; name