## 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 # P96000090726 (6)

| Principal Place of Business  Mailing Address  425 WEST COLONIAL DRIVE #303 ORLANDO FL 32904  ORLANDO FL 32904  ORLANDO FL 32904-6863 |   |                                    |  |  |                                    |
|--|---|------------------------------------|--|--|------------------------------------|
|  |   |                                    |  | 3. Date Incorporated or Qualified            | 3a. Date of Last Report            |
|  |   |                                    |  | 11/04/1996                                   | n/a                                |
|  | Place of Business                             | 28. Mailing Address                |  | 4. FEI Number                                | Applied For                        |
| 21   | Al and a second                               | 26                                 |  | 59-3411475                                   | Not Applicable                     |
| <del> </del>   |   | Suite, Apt. #, etc.                |  | 5. Certificate of Status Desired             | \$8.75 Additional Fee Required     |
|  |   | City & State                       |  | 6. Election Campaign Financing               |                                    |
| <del>,</del> '   |   | 28                                 |  | Trust Fund Contribution                      | \$5.00 May Be Added to Fees        |
| Zip  | Country                                       | 7 <sub>ip</sub>                    | Country  | 8. This corporation has liability for        |                                    |
| 24   | 25  | 29                                 | 30   | Florida Statutes                             | Yes No                             |
|  | 9. Name and Address of Cur                    | rent Registered Agent              |  | 10. Name and Address of New Re               | gistered Agent                     |
|  | ver, robert r                                 |                                    | 81 Name  | Barbara B. Bell                              |                                    |
| 425 WEST COLONIAL DRIVE #303<br>ORLANDO FL 32804   |   |                                    | 82 Street Address (P.O. Box Number is Not Acceptable) 425 West Colonial Drive #303 |  |                                    |
|  |   |                                    | 84 City  | clando                                       | FL 32804                           |
| 11. Pursuant   | to the provisions of Sections 607.0           | 502 and 607 1508. Florida Statut   | les, the above-named or  | proporation submits this statement for the r | ournose of changing its registered |
| office or r  | registered agent, or both, in the St          | ate of Florida, Such change was    | authorized by the corpo  | ration's board of directors. I hereby accept | of the appointment as registered   |
| -  | Coulkai.                                      | 8 65.00 -                          | Onda Statutes.   | Apri   | .1 29, 1997                        |
| SIGNATURE  | Signature typed or printed name of registered | agont and title if applicable (NO) | L. Bogistored Agent signature to   |  | DATE                               |
| 12.  | T   | AND DIRECTORS                      | 13.  | ADDITIONS/CHANGES TO OFFIC                   |                                    |
| TITLE  | D   | X DELETE                           | 1171116  | P/V/S/T                                      | Change & Addition                  |
| NAME   | RISNER, ROBERT R                              | * 4000                             | 1.2 NAME   | Barbara B. Bell                              |                                    |
| STREET ADDRESS   | 425 WEST COLONIAL DRIVI                       | ± <b>#3</b> 03                     | 1.3 STREET ADDRESS   | 425 West Colonial                            | Drive #303                         |
| CITY-S1-ZIP<br>TITLE   | ORLANDO FL 32804                              | DILETE                             | 14 CRY - ST - 7/P  | Orlando FL 32804                             | Change Addition                    |
| NAME   |   | L otter                            | 2.1 11111<br>2.2 NAME  |  | [_] Offinige  ] Addition           |
| STREET ADORESS   |   |                                    | 2.3 STHEFT ADDRESS   |  |                                    |
| CITY-ST-ZIP  |   |                                    | 2 4 C(1Y-S1-ZIP  |  |                                    |
| TITLE  |   | DELETE                             | 3.1 TITLE  |  | Change Addition                    |
| NAME   |   |                                    | 32 NAMI  |  |                                    |
| STREET ADDRESS   |   |                                    | 3.3 STREET ADDRESS   |  |                                    |
| CITY-ST-ZIP  |   | *· -,                              | 3 4. C/TY - S1 - ZIP   |  |                                    |
| TITLE  |   | ☐ DELETE                           | 4.1 TITLE  |  | Change Addition                    |
| NAME   |   |                                    | 14, 2 NAME   |  |                                    |
| STREET ADDRESS   |   |                                    | 4.3 STREET ADDRESS   |  |                                    |
| CITY-ST-ZIP  |   | T briefe                           | 4.4 CiTY - S1 - ZIP  |  |                                    |
| TITLE  |   | [] DEFELE                          | 5.1 1111.5   | •  | Change Addition                    |
| NAME<br>PERCET ADDRESS   |   |                                    | 5.2 NAME   |  |                                    |
| STREET ADDRESS   |   |                                    | 5.3 STREET ADDRESS   | •  |                                    |
| CRY-ST-ZIP<br>TITLE  |   | DELETE                             | 5.4 CITY - ST - ZIP<br>6.1 TITLE   |  | Change Addition                    |
| NAME   |   |                                    | 6.2 NAME   |  | Lin change Lin Addition            |
| STREET ADDRESS   | }   |                                    | 6.3 STREET ADORESS   |  |                                    |
| CITY-ST-ZIP  |   |                                    | 64 CITY - ST - 74P   |  |                                    |
|  | by certify that the information sum:          |                                    | ■ 04 0111 · 31 · 21F   |  |                                    |

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 legal effect as if made uncer cath, 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.

SIGNATURE:

Bar B. Bell BAKBARA K

B. BELL

April 29, 1997

(407) 422-5631

May 15 1997 8:00am

Secretary of State