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 # P96000091624 (2)

		Mailing Address 2303 ROCHELLE AVE. KISSIMMEE FL 34748-5428		3. Date Incorporated or Qualified 3a.	Date of Last Report
				11/07/1996	Date of Last Report
2. Frincipal F	Place of Business	2s. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		59-3408476	
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangil	ole tax under s. 199.032,
24	25 9. Name and Address of Cur		30	Florida Statutes Yes 10. Name and Address of New Registers	
000	SSER, JOHN	tent Hagistered Agent	81 Name	TU, Name and Address of New Registers	A Agent
2303 ROCHELLE AVE. KISSIMMEE FL 34746			62 Street Add	ress (P.O. Box Number is Not Acceptable)	
i inov	SIMMEL IL STITU		83		
			84 City		85 Zip Code
agent. La SIGNATURE	registered agent, or both, in the St arn familiar with, and accept the ob- Stgrature, typed or proted rane of registered		Registered Agent signature requi		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
THE	DOCCED TOTAL	DELETE	1.1 TITLE		Change Addition
NAME	ROSSER, JOHN 2303 ROCHELLE AVE.		1.2 NAME		
STREET ADDRESS	KISSIMMEE FL 34748		1.3 STREET ADDRESS		
CITY-ST-ZIP THILE	D NISSIMMEE PL 34740	DELETE	1.4 City-St-ZIP 2.1 Tale		Change Addition
	ROSSER, LINDA	- been	1		C citaling C Notwing I
NAME STREET ADDRESS	2303 ROCHELLE AVE.		2.2 NAME 2.3 STREET ADDRESS		
	KISSIMMEE FL 34746		2.3 STREET ADDRESS 2 4 CITY-ST-ZIP		
TOTALE	1.4204445	☐ DELETE	3.1 TITLE		Change Addition
NAME		- ·	3.2 NAME		
STREET ADORESS	1		3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		i
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZIP			4.4 CITY - ST - ZIP		
TILLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T	5.4 CITY-ST-ZIP		
THILE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	-		6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY - ST - ZIP	4.	

SIGNATURE:

SIGNATURE REQUIRED

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section W.0.7(3)(i). Florida Statutes. I further certify that the information inclicated 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 Charles 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 08 1997 8:00am

Secretary of State