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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093566 (3)

Principal Place		Mailing Address 118 WEST ORANGE STREE ALTAMONTE SPRINGS FL			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				11/15/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		59-3409288	Not Applicable
22 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Oountry	8. This corporation has liability for	r intangible tax under s. 199.032
24	25		30		Yes No
<u> </u>	9. Name and Address of Currer	it Registered Agent	81 Name (10. Name and Address of New R	egistered Agent
343	ERILAWYER CHARTERED ALMERIA AVENUE RAL GABLES FL 33134		82 Street Add	y le 14/16 y Hess (P.O. Box Number is Not Accepta & WCST Many St	# 200
44 5 44	007 (1/0	003 4500 FI Jd- 004 4		Humonte Springs	FL 32714
office or r	registered agent, or brith, in the State	of Florida, Such change was at	s, the above hamed cor uthorized by the corpora	poration submits this statement for the ation's board of directors. I hereby according	ept the appointment as registered
1	im familiar with, and arcept the oblig	ations of, Section 607.0505, Flor	rida Statutes.	٥	1-23-97
SIGNATURE	Signature, typed or printed name of egistered agr	oni and title if approxime (NOTE:	Registered Agent signature requ		DATE
12.		D DIRLCTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	CAMPBELL, NANCY		1.2 NAME		
STREET ADDRESS	118 WEST ORANGE STREET	744	1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32 VSD	7 14 DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	CAMPBELL, STERLING	- pereie	2.2 NAME		
STREET ADDRESS	118 WEST ORANGE STREET		2.3 STREET ADORESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32	714	2 4 CiTY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TULE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELE1E	4.4 CITY - S1 - ZIP		Change Addition
TITLE NAME		_ Detell	5.1 TITLE 5.2 NAME		L] Change () Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 7:P		
TITLE	- , , , , , , , , , , , , , , , , , , ,	DELETE	6.1 TITLE		Change Addition
NAME		•	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 ICITY - \$1 - ZIP		

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 under eath; 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.