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 # P96000095700

| rincipal Place of Business | Mailing Address |
|----------------------------|-----------------------|
| M3 BUTTERNUT BLVD | 8843 BUTTERNUT BLVD |
| RLANDO FL 32817 | ORLANDO FL 32817-1336 |

FILED May 15 1997 8:00am Secretary of State



| ORLANDO FL 32817 | | ORLANDO FL 32817-1336 | | | |
|---------------------------------------|--|---------------------------------------|--|--|--------------------------------|
| | | | | Date Incorporated or Qualified 11/18/1996 | 3a. Date of Last Report |
| 2. Principal P | Place of Business | 2a. Mailing Address | +958 | 4. FEI Number 59-342249 | Applied For Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | | City & State 28 WINTER PAR | K, FL. | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fues |
| Zip 24 | Country 25 9. Name and Address of Cu | 29 32793-4958 | Country 30 US | This corporation has liability for in Florida Statutes Name and Address of New Reg | Yes No |
| 8843 ORL | registered agent, or both, in the S | tate of Florida. Such change was at | 84 City 01 s, the above-named contributive by the corpora | IVONA, RUDOLPA dress (P.O. Box Number is Not Acceptable 843 BUTTERNUT RLANDO reporation submits this statement for the pration's board of directors. I hereby accep | FL 85 Zip Code 32817 |
| agent. I a SIGNATURE | im familiar with, and accept the o | bligations of, Section 607.0505, Flor | ida Statutes. Registered Agent signature requ | | DATE |
| 12. | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VIVONA, RUDOLPH V 8843 BUTTERNUT BLVD ORLANDO FL 32817 | ☐ DELETE | 11 10 LE 12 NAME 1.3 STREET ADDRESS 1.4 C(1Y-S1-ZIP | | Change Addition |
| TITLE NAME STREET ADDRESS | | ☐ DÉLETE | 2.1 TILLE 2.2 NAME 2.3 STREET ADDRESS | | Change Addition |
| TITLE NAME STREET ADDRESS | | ☐ DELETE | 2.4 City-St-7iP 3.1 Title 3.2 NAME 3.3 STREET ADDRESS | | Change Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | | DELETE | 3.4. CITY - ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS | | Change Addition |
| CITY-ST-ZIP TITLE NAME | | DITTE | 4.3 STREET ADDRESS 4.4 CITY+ST-ZIP 5.1 TITLE 5.2 NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE | | DELETE | 5.3 STREET ADDRESS 5.4 City - St - 7 ip 6.1 Tille | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | ov ortify that the information run | | 62 NAME 63 STREET AUDRESS 64 CITY-ST-7IP | | |

r up nereby carrily 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 offect 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 Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an oddress.

Rudy Viva

4-29-97