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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097287 (2) 1. Corporation Name

. 3 MK / OTHER TOSHINA STANDS SAME

P L L, Inc.

(Name changed by amendment filed 2/14/97)

Principal Place of Business

Mailing Address

1141 WILLOWBROOK TRAIL

FILED May 01 1997 8:00am Secretary of State



MAITLAND FL	. 32751		MAITLAND FL 32751-4880							
							3. Date Incorporated or Qualified 3a. Date of Last Report 11/25/1996			
2. Principal	Place of Business	2a, Mailın	2a. Mailing Address				4. FEI Number			Applied For
21		26	26				59-3431461			Not Applicable
Sulte, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required			
City & State		City & 28	City & State				Election Campaign Financing Trust Fund Contribution	sing \$5.00 May Be Added to Fees		
2 ip	Country Zip			Country 30			8. This corporation has liability for intangible tax under s 199 032, Florida Statutes Yes □ No			
2/ }	g. Name and Address of Curre		Agent	1301			10. Name and Address of New Re		-	
MA	LDONATO, MARY & 4.			8	1	Name				
1141 WILLOWBROOK TRAIL				B2 Street Add			(DO D) H. L. J. M. A	I-V		
	JTLAND FL 32751				3	Street Add	idress (P.O. Box Number is Not Acceptable)			
•				L		City			85 7	ip Code
i					ı	•		FL	-	
SIGNATURE	Signature, typed or printed name of registrated a	agent and title if applice	thic (NC	III : Registered A			rporation submits this statement for the p ation's board of directors. I hereby accep wired when reinstatings	DATE		
12		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC		Chang	
TITLE	D P		DELETE	1.1 1010					Unany	je 🔲 Additio
NAME	MALDONATO, EUGENE D			. 1.2 NAM						
STREET ADDRESS				1,3 \$1RE	ET A	ODRESS				
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NAME	MALDONATO, MARY & s 1141 WILLOWBROOK TRAIL			2.2 NAM						
STREET ADDRESS	MAITLAND FL 32751				٠,	ADDRESS				
CITY-ST-ZIP	MAILEND I C 02/01		DELE 1E	2 4 City 3.1 Uitu		· ZIP			Chare	ae 🔲 Additio
NAME			Officie	3.2 NAM		1				,
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NAME				5 2 NAM	I F					
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NAME	. 1			6.2 NAM	4E		-05/05/97010	1404	16	
STREET ADDRESS	s			6.3 S1R	EE1 A	ADDRESS	***165.00			
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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 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 address. (401)