## 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 # P96000102736 (1)

## FILED May 12 1997 8:00am Secretary of State

Principal Place of Business Mailing Address			!! <b>!!! !!!!!! !!!!!</b> !!!!!!!!!!!
			HER HOLDS WITH EMPHOLI
8842 NE 134TH AVENUE 8842 NE 134TH AVENUE			
SUITE 2 SUITE 2			
LADY LAKE FL 32159-8941		3, Date Incorporated or Qualified 3a, D	Pate of Last Report
2. Principal Place of Business 2a, Mailing Address		4. FEI Number	Applied For
21 26		59-3418545	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27	······································		Fee Required
City & State         City & State           23         28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	This corporation has liability for intangible	
├ ├ ├	30	Florida Statutes  Yes	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent
RAMBO, BYRON L	81 Name	ania 11 Glick	
312 W. FIRST STREET		ess (P.O. Box Number is Not Acceptable)	
SUITE 600		42 NE 1344 ane 1	te a
SANFORD FL 32771	83	,	
./	84 City	2dy lake Fl	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statuter office or registered agent, or both, in the State of Florida, Such change was au	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State of Florida, Such change was au agent. I am familiar with, and accept the obligations of, Section 607.0505, Flor	uthorized by the corporeti rida Statutes.	ion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE / Mall		5/1/9/	)
Sign are typy sion printed name of egistered agent and title if applicable. (NOTE	Registered Agent signature require		
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12 Change Addition
THE D X DELETE	1.1 TITLE		C cusalde C various
RAMBO, BYRON L	1.2 NAME		
STREET AUDRESS 312 W. FIRST STREET, SUITE-600 SANFORD FL 32771	1.3 SYREET ADDRESS		
THE PRESENT DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME Maria V. GLick	2.2 NAME		
	2.3 STREET ADDRESS		
1	2. 4 CITY-ST-ZIP		
THE LANGE ARE DELETE	3.1 TIFLE		. Change Addition
NAME	3 2 NAME		ļ
STREET ADORESS	3 3 STREET ADDRESS		ļ
CHY-SI-ZIF	3.4. CiTY+ST-ZiP		
1 lif DELETE	4.1 TITLE		Change Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CHY- \$1-24F	4.4 CITY-ST-ZIP		
THILE DELETE	5.1 TITLE		Change Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CHY-SI-7/2	5.4 CITY-ST-ZIP		Change Addition
THE DELETE	6.1 TITLE		T CHAIRE T VOCUSION
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		i
300(1 CA-009, 47	6.4 CITY-ST-ZIP		4

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.

**SIGNATURE** 

INJURE AND TYPE OF PRINTED NAME OF BIONING OFFICER OR DIRECTOR

15/97 (352) 753-522 Date Dayline Prone • 0009529