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

PROFIT CORPORATION



Mar 18 1997 8:00am Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS

FILED

JACK I. Principal Place 7 ESCONDIDO UNIT 66	TITEN & ASSOCIATES, IN e of Business CIRCLE PRINGS FL 32701	Mailing Address 7 ESCONDIDO CIRCLE UNIT 66 ALTAMONTE SPRINGS FL 32701-4566			
				3. Date incorporated or Qualified 3a. 12/19/1996	Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		59-3420482	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Bo
Zip	Country	Zip	Country	8. This corporation has liability for intangit	Added to Fees
24	25	29	30	Florida Statutes 🔀 Yes	□ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11TFN . MARC					
7 ESCONDIDO CIRCLE UNIT 66 ALTAMONTE SPRINGS FL 32701				ress (P.O. Box Number is Not Acceptable)	85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agont, or both, in the Statem familiar with, and accept the oblig Stpature, typod or ponted name of registered ag		les, the above named corp authorized by the corporal lorida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered popointment as registered
12.		ID DIRECTORS	13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE •	D TOTAL MADE I	☐ DELE1E	1.1 1171.6		☐ Change ☐ Addition
NAME STREET ADDRESS	STREET ADDRESS 7 ESCONDIDO CIRCLE, UNIT 66		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 327		14 CITY ST - ZIP		
TITLE	D TOTAL DOLODEO	DELETE	2 1 101.6		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	TITEN, DOLORES 7 ESCONDIDO CIRCLE, UNIT ALTAMONTE SPRINGS FL 327		2.2 NAME 2.3 STREET ADDRESS		ì
TITLE		DELETE	2 4 CHY-ST-ZIP 3.1 TITLE		Change Addition
NAME		•	3.2 NAME		- 4 400
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DECE1E	3.4. CITY-S1-ZIP 4.1 TITLE	····	Change Addition
NAME		D Marie	4. 2 NAME		L Glange L Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY- ST-ZIP		
NAME STREET ADORESS		☐ DELETE	5.1 THLE 5.2 NAME 5.3 STREET ADDRESS	6000021166 -03/18/97011120	Change Addition
CITY-ST-ZIP			5.4 CITY-ST-7IP	***165.00	
TITLE		☐ DELFTE	6.1 TITLE		Change Addition
NAME . r	1 (1994) 1 (1994)		6.2 NAME		\ \alpha \
STREET ADDRESS			6.3 STREET ADDRESS		(* 1/1/1)
14. I do hereb	by certify that the information supplied	d with this filing does not quali	■ 6.4 CITY ST-ZIP fy for the exemption stated	d in Section 119.07(3)(i), Florida Statutes. I furth	ner certify that we

ceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address.