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

Mailing Address

1213 UP CTREET COURT

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF COHPORATIONS **FILED**

May 13 1997 8:00am

Secretary of State

Change

Addition

DOCUMENT # P96000104424 (2)

LINDA O. LACHANCE, P.A.

Principal Place of Business

1213 UP STREET COURT

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

UHLANUU FL	32037	-OKLANDO I-L-32637-6548			ì		
					3. Date Incorporated or Qualified 12/26/1996	3a. Date of Last F	Report
	Place of Business	2a. Mailing Address		4. FEI Number	[A]	oplied For	
21		26 717 E. Oak Street		59-34202566	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat		City & State 28 Kissimmee	, FL		Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip		untry	8. This corporation has liability for in		. 199.032,
24	25	29 34744	30 O	sceola		Yes No	
 -	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	gistered Agent	
SWART, HARRY J 717 EAST OAK STREET KISSIMMEE FL 34744				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
				83 84 City			
				84 City		FI 85 Zip	Code
SIGNATURE 12. TITLE	Signature, typod or printed name of registered a OFFICERS A	gent and title if applicable (N ND DIRECTORS	13.	d Agent signature requ	ADDITIONS/CHANGES TO OFFIC		RS IN 12
NAME STREET ADDRESS	LACHANCE, LINDA O 1213 UP STREET COURT		1.1 II 1.2 N	AME	P, S, T,	Change	A A Addition
CITY-ST-ZIP	ORLANDO FL 32837			IREET ADDRESS			
TITLE		DELETE	2.1 TI	TLE		Change	Addition
NAME			2.2 N			Onlingo	L_J Additio
STREET ADDRESS			I.	THEET ADDRESS			
CITY-ST-ZIP				HTY-ST-ZIP			
TITLE		DELFTE	3.1 TI			☐ Change	Addition
NAME			3.2 N	AME:			
STREET ADDRESS			3.3 S	IREF1 ADDRESS			
CITY-ST-ZIP	_			ITY - ST - ZIP			
TITLE		☐ DELETE	4.1 Ti		——————————————————————————————————————	Change	Addition
NAME			4.2 N	IAME		_	
STREET ADDRESS			4.3 S	IREFT ADDRESS			
CITY-ST-ZIP			4.4 CI	1Y-\$1-ZIP			
TITLE		DELF1E	5.17(1LE		Change	Addition
NAME			5.2 N	AMŁ.			
STREET ADDRESS			5.3 \$1	IREET ADDRESS			

6.3 STREET ADDRESS

6.4 CITY - ST - 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 oath; that I am an officer or director of the corporation or the receiver or truetce empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged or on an attachment with an address.

5.4 CDY- \$1-ZIP

6.1 TITLE

6.2 NAME

DELETE