## 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 # **P9700001860** (0)

THE PRACTIVE TEE/ORLANDO, INC.

Principal Place of Business Mailing Address  328 WEST HORNBEAM DRIVE 328 WEST HORNBEAM LONGWOOD FL 32779 LONGWOOD FL 32779			NBEAM DRIVE	_					
						3. Date Incorporated or Qualified 12/31/1996	3a, D	ate of Last R	eport
2. Principal Pl	ace of Business	2a. Mailing Add	dress			4. FEI Number	.,	]Ar	plied For
21		26	<b></b>			59-343883	37		t Applicable
Suite, Apt.		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		28				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
	Zip Country		Country		/	8. This corporation has liability for	intangible		. 199.032,
24	25   29   30 9. Name and Address of Current Registered Agent		30	' <sup>1</sup> — <sub>T</sub>		Florida Statutes Yes No 10, Name and Address of New Registered Agent			
14/20	<del></del>	ntieut Heßisteled Adeul		81	Name	10. Name and Address of New Re	Bizretea	Agent	
WEBER, H. ALLAN 225 EAST ROBINSON STREET, SUITE 600				82		ess (P.O. Box Number is Not Acceptat	ole)		
ORLA	NDO FL 32801			83					
				84	City		F1	<b>85 Z</b> ip i	Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607 egistered agent, or both, in the t m familiar with, and accept the c	7.0502 and 607.1508, Fio State of Florida. Such cha obligations of, Section 60	rida Statutes, the a ange was authorize 7.0505, Florida Sta	bov d b tute	e-named corporations.	oration submits this statement for the p on's board of directors. I hereby accep	ourpose o	of changing it pointment as	s registered registered
SIGNATURE									
	Signature, typed or printed name of register	od agent and the if applicable  S AND DIRECTORS	(NOTE Registers		ent signature require		DATE	ה הוחרפיזמר	OC IN 10
12.	D		DELETE 1.1 T	•		ADDITIONS/CHANGES TO OFFIC	EU2 VIA	Change	Addition
NAME	PHILLIPS, JOHN	_	1.2 N						
STREET ADDRESS	328 WEST HORNBEAM DR	RIVE			ADDRESS				
CITY-ST-ZIP	LONGWOOD FL 32779		1.# C		ST - ZIP				
TATLE	D		DELETE 2.11	ITLE				Change	Addition
NAME	ANDERSON, PETER		2.⊉ N	2.₽ NAME					
STREET ADDRESS	1760 SENECA BLVD.	2.B S		T ADDRESS					
CHY-ST-ZIP WINTER SPRINGS FL 32708				2, 4 CITY- ST - ZIP					
TITLE		LJ	DELETE 3 m T					☐ Change	Addition
NAME			3.P M						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		<del></del>	34.1 DELETE 4.1 T		\$1-7IP			☐ Change	Addition
NAME				NAME					
STREET ADDRESS			1		T ADDRESS				
CITY-ST-ZIP					ST-7IP				
TITLE			DELETE 5.1 T					Change	Addition
NAME			5.P N	iΑM{					
STREET ADDRESS			5 B S	TREE	1 ADDRESS				
CITY-ST-ZIP				ΉΥ	S1 - 21P			_	
TITLE			DELETE 6.1 T	HLE				☐ Change	ac-tibbA
NAME				IAME					
STREET ADDRESS			6.8 S	TREE	1 ADDRESS				

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 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 changing given an attaching with an address.

SIGNATURE:

4/29/97 (401) 862-6887

**FILED** 

May 16 1997 8:00am

Secretary of State

A COMPANY DAMAGANTA A BANGA BANGA