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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1 '	MEN # P9700 LAKE BUENA VISTA I, INC)0002785 (8) :			#1
Principal Plac	e of Business	Mailing Address		- I INDIIDUL AID INTEL TADEL NOTIL DATEL ADELL DA	II AAIIA IIAII IRBAI EBSBI BSII EBDE
5905 INTERNATIONAL DRIVE Orlando Fl 32819		5905 INTERNATIONAL D	RIVE		
		ORLANDO FL 32819		DO NOT IMPITE IN TUIO OD OF	
				DO NOT WRITE IN TO 3. Date Incorporated or Qualified	1IS SPACE
				01/10/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3418434	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip [29]	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	e current year Intangible Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registe	red Agent
C1	CORPORATION SYSTEM		81 Name		
1200 SOUTH PINE ISLAND ROAD		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324					
			83		
			84 City		85 Zip Code
dd Danie	to the creations of Costings CO7 OF	00 and 007 14 00 Filedda Clatul	and the share period core		FL 65 ZIP GOOD
office or r	regi stered agent, or both, in the Stat im fa miliar with, and accept the obli	te of Florida. Such change was a gations of, Section 607.0505, Flo	es, the above-hamed corp authorized by the corporal prida Stalules.	poration submits this statement for the purpo- ion's board of directors. I hereby accept the	appointment as registered
SIGNATURE.			F: Registered Agont signature requi		
12.	Signature, typed or printed name of registered a OFFICERS A	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME:	KESSLER, RICHARD C		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32821		1.4 CITY - S1 - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change L Addition
NAME	HARRIS, EDWARD C		2.2 NAME		
STREET ADORESS	58 BLACKLAND RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30342	DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE NAME			3.1 THLE 3.2 NAME		C CHANGE C MOUNTON
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TillE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLF		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 C/TY-ST-ZIP		Change Addition
TITLE		ןן הצנגונ	6.1 TITLE		Change Addition
NAME PERSET ADDRESS			6.2 NAME		
STREET ADDRESS City-St-Zip			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
UNIT-SI-ZIF			■ 0.4 CH 1 * 31 * ZIP		

14. Thereby 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 eath; 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.