FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SIGNATURE: J

DOCUMENT #

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Pi	rincipal Place	of Business	3		M	Mailing Address					. LOUSSION THE THE BEST DESIGNATION OF THE BEST OF BEST OF THE STATE O
2318 ASHINGTON PK DR. APOPKA FL 32703 US						2318 ASHINGTON PARK DR APOPKA FL 32703					
											3. Date Incorporated or Qualified
2. 21	Principal Pla	ace of Busin	ess	, , , , , , , , , , , , , , , , , , , ,	2a 26	. Mailing Address				· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For 59-303 16 16 Not Applicable
22	Suite, Apt. #	, etc.			27	Suite, Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required
	City & State					City & State					6. Election Campaign Financing \$5.00 May Be
23	Zιρ		1	Country	28	Zιρ		Country			Added to Fees
24	Σηρ		25	Country	29	E.M.	30	Country			This corporation has liability for intangible tax under s 199.032, Florida Statutes
		9. Name		Address of Curre		stered Agent	[00]_				10.(Name and Address of New Registered Agent
	** ********							81	П	Name	
	SCHMII	DT, KABEI	NB.					82	-	Dtunet Ad	ddress (P.O. Box Number is Not Acceptable)
	2318 A	SHINGTO	N PA	irk dr						Street Au	oress (F.O. Box Number is not Acceptable)
	APOPK	A FL 3270)3					83			
								84	l	City	FL 85 Zip Code
11	or registers	ea agent, or	potn	, in the State of Fice	ida Suc	n change was authoriz	zed by t	above-r the corp	nar	med corporation's bo	poration submits this statement for the purpose of changing its registered office pard of directors. I hereby accept the appointment as registered agent. I am
SI	GNATURE _					.0505, Florida Statutes					
12		Signature, typed	or print	ed name of registered agur					nt si	signature recu-	ured when reinstating) DATE
TIT		PD		OFFICERS AN	NL) DIME	DELETE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	ME .		IINT	KAREN B.		C) better		1. 1 TITLE 1.2 NAME			Change Addition
	REET ADDRESS			NGTON PK DR				1.3 STREET	A.P.	poacec	
	ry-st-zip	APOP						1.4 CITY-S			
TIT		V				DELFTE		2. 1 TITLE	""		Change Addition
NA	ME	SCHM	IDT,	THOMAS R.			•	2 2 NAME			
ST	REFT ADDRESS	2318	ASHI	ngton PK DR				2 3 STREET	ΑĐ	DORESS	
CH	TY-S1-ZIP	APOP	KA F	L			1	2 4 CITY - S	i - j	٠ZIP	
TIT	LE					☐ DELETE	3	3 1 TITLE			☐ Change ☐ Addition
NA	ME						3	3 2 NAME			
ST	REET ADDRESS						3	33 STREET	ΙAί	DDRES\$	
	Y-ST-Z-P			·····				34 City-S	1-3	ZIP	
Tif						DELETE		4 1 TITLE			Change Addition
	ME							4.2 NAME			
	REET ADDRESS							4.3 STREET		ľ	
CH	Y-ST-ZP					DELETE		4.4 CITY - S	T-,	ZIP	
	ME					ריין מניכונ		5. 1 TITLE			☐ Change ☐ Addition
	REET ADDRESS							5.2 NAME	10	Donoco	
	Y-ST-ZIP							5 3 STREET			
TIT						□ DELETE		5.4 C·TY - S 6. 1 Tille	1-4	211	Change Addition
NA						<u> </u>		6.2 NAME			C) Autono.
	REE1 ADORESS							6.3 STREET	ΔD	DDRESS	
	Y-ST-ZIP							6.4 CITY - S			
	l. I do hereby	certify that	the in	nformation supplied	with this	s filing is voluntarily furr	nished a	and doe:	s r	not qualify	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
	certify that	the informat	tion ir	idicated on this and	idal repor	rt or supplemental and	nual rend	ort is tru	(A)	and accur	rate and that my signature shall have the same legal effect as if made under this report as required by Chapter 607, Florida Statutes; and that my name

Schnidt Karen B. Schmidt 4-30-96
INTED NAME OF SIGNING OFFICER OR DIRECTOR

LINTED NAME OF SIGNING OFFICER OR DIRECTOR

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