## **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

DOCUI		# S27604	4	(5)									
		ITAINS, INC.		• •									
												110H FEB	
Principal Place of Business Mailing Address									E LOBENDIO HAI THAN EPÍNA ANNI BENN DIA	THE DATE			
1510 KASTNER PLACE				1510 KASTNER PLACE									
SANFORD FL 32771 SANFORD FL 32771-8508													
									3. Date Incorporated or Qualified 01/23/1991		ate of Last Re 29/1996	eport	
2. Principal P	iace of Busi	2a. Mai	2a. Mailing Address					4. FEI Number		Ap	plied For		
Suite, Apl	# 610		26] Suit	Suite, Apt. #, etc.					59-3045749	<del> </del>	\$8.75 A	t Applicable	
22	n, etts.	···	27					5. Certificate of Status Desired		Fee Re			
City & Stat	e		City & State					6. Election Campaign Financing		\$5.00	May Be		
23				28				Trust Fund Contribution			Added t		
Zip 24		Country 25	29 Zip	Zip Cour 29 30			1			oration has liability for intangible tax under s. 199.032, atutes			
	9. Name	and Address of Curre		d Agent	1901				10. Name and Address of New Re			·	
SMI	TH, S.					81	Name						
1510 KASTNER PLACE								Address (P.O. Box Number is Not Acceptable)				····	
SANFORD FL 32771						<b>B</b> 3	ļ						
					ĺ								
							City	FL 85 Zip Code					
11. Pursuant	to the provis	ions of Sections 607.05	02 and 607.1	508, Florida Statu	iles, the at	DOV	e-named	corpo	ration submits this statement for the p		changing its	s registered	
agent La	registered aç ım familiar w	gent or both, in the Stat ith, and accept the obli	e of Florida. Sigations of, Sec	such change was ction 607,0505, F	authorizet Iorida Stat	o by ute:	y ine corp s.	oratio	ration submits this statement for the policy board of directors. I hereby acceptable to the property of the pr	ot the app	ointment as	registerea	
SIGNATURE	***				** * · · · ·				The second secon	5175			
12.	Sadi-sone Tables	For printed name of registered a OFFICERS A	ND DIRECTOR	····	13.	POF	ent signature	required	when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND	DIRECTOR	S IN 12	
TILLE	D		·	DELETE	1.1 70	TLE				······································	☐ Change	Addition	
NAME	SMITH, 8				1.2 NA	ME	ļ					]	
STREET ADDRESS		STNER PLACE					ADDRESS						
CITY- \$1-ZIP	SANFOR	U r L		DELETE	1.4 CI 2 1 TII		ST-ZIP		······································		Change	Addition	
NAME				C) beaut	22 NA						- Gridings	7.00.110.7	
STREET ADDRESS					ı.		ADORESS						
City - St - ZiP							ST-ZIP						
भार	}			DELETE	3.1 10						☐ Change	Addition	
NAMÉ CARSET ARRIPGOS	l				3.2 NA		. 10000000						
STREET ADDRESS CITY-ST-ZIP	ĺ						FADDRESS   ST-ZIP					1	
THE	<u> </u>			DELETE	4.1 70		<u></u>				Change	Addition	
NAME	ļ				4.2 N	AME	İ						
STREET ADDRESS	{				4.3 \$1	REET	ADDRESS					-	
CITY - ST - 7IP	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DELETE			ST-ZIP				Chanas	Addition	
TIGLE				DELETE	5.1 []] 5.2 NA						Change	Addition	
NAME STREET ADORESS					5.2 NA 5.3 ST		ADDRESS				•		
GHY- 51-26	1				5.4 CI							1	
Title	1177			DELETE	6171					···.	Change	Addition	
NAME	ĺ				6.2 NA	ME	ľ						
STREET ADDRESS	]						ADDRESS						
CiTY+S1-7IP	L				6.4 Ci	TY-S	3T-ZIP						

14. It 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 it 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.

SIGNATURE:

**FILED** 

May 12 1997 8:00am

Secretary of State

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