## 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** 

	MENT # S2967 EX PROPERTY MANAGEM			LEGER HARRI HINR BANK REPRI AN GLORIFICELL	BIRK BIRK BANK DIRK BIRK	<del>                                   </del>
Principal Plan	ce of Business	Mailing Address	·		918K 818K 818K 818K 918K 918K	
2170 STATE RD 434 W 2170 STATE SUITE 400 SUITE 400		2170 STATE RD 434 W	17			
				3. Date Incorporated or Qualified 02/05/1991	3a. Date of Last F 04/23/1996	leport
·	Prace of Business	2a. Mailing Address		4. FEI Number	<b>}</b> +	pplied For
Suite, And		Suite Suite		59-3047066	60 7E	ot Applicable   Additional
22	335	27 330		5. Certificate of Status Desired		equired
City & Stal	le	City & State		Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Ζιρ <b>24</b>	Country 25	Zip 29	Country	8. This corporation has liability for Florida Statutes		
<u> </u>	9. Name and Address of Cui		1501	10. Name and Address of New Re		
HEE	EKIN, JAMES F., JR.		81 Name			
215 N. EOLA DRIVE ORLANDO FL 32801			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
Onl	DANDO FE GEODI		83			
			84 City		FL 85 Zip	Code
11. Pursuant office or agent 18 SIGNATURE			ites, the above-named cor, authorized by the corpora forida Statutes. TE: Registered Agent signature requ	poration submits this statement for the ption's board of directors. I hereby accepted when reputation	ourpose of changing in the appointment as	ts registered registered
12.	Signature byten or princed rise of registered agent and title if applicable. (NOI OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	POST	DELETE	1.1 TITLE		Change	Addition
NAME	HACHENBERGER, DONALD		12 NAME		_	
STREET ADDRESS	2170 STATE ROAD 434 W.	, Suite 400	1.3 STREET ADDRESS	خ بنند عن	D	
CITY-ST ZIP	LONGWOOD FL 32779	DELETE	1.4 CITY-ST-ZIP		<b>DNC</b> hange	Addition
JUTE	V CAMPBELL, MARILYN	L' DEFEIR	2.1 TITLE 2.2 NAME		N TACHBURG	ווטוויטטא נ
NAME STREET ADDRESS	2170 STATE ROAD 434 W.	SHITE 400	2.3 STREET ADDRESS	S.i.z. 330		i
City-St-ZiP	LONGWOOD FL 32779	100/16 100	2 4 CITY-ST-ZIP		•	
THE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-S1-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			ļ
STREET ADDRESS			4 3 STREET ADDRESS			
TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change	Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-2IP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			
PITY OF THE	1		64 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 reflexiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Biglik 13 if changes for on an attachment with an address.

0072740

**FILED** 

Apr 23 1997 8:00am

Secretary of State

CR2E034 (9/96)