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 # \$38935

(0)

BROWNLEE, HOFFMAN & JACOBS, P.A.

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FILED

May 20 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address										
										255 SOUTH ORANGE AVE SUITE 1101
ORLANDO FL	32901		LANDO FL 32801-3456	:						
US		U\$	U\$			 Date Incorporated or Qualified 03/19/1991 				
2. Principal F	Place of Business	2a.	Mailing Address				4. FEI Number			pplied For
21		26					59-3055612		N	lot Applicable
Sulte, Apt.	. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27					October of States (See See			dequired
City & Stat	te	<u>_</u> _	City & State	:			6. Election Campaign Financing	P		May Be
23	1 6	28]	72	16			Trust Fund Contribution			to Fees
Zip	Country	-	Zip .	Cou	ntry		8. This corporation has liability for			s. 199.032,
24	25 9. Name and Address of Curren	29	larad Agent	30			Florida Statutes 10. Name and Address of New Ro	Yes		
			iorea Agent		81	Name	10. Halle Blid Address of Hear ri	gistorea	Agoin	
	WNLEE, JACKSON O.			:		·				
	SOUTH ORANGE AVENUE				82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)		ļ
	TE 1101 ANDO FL 32801-3459			1	83					
Unl	MNDO FE 3280 1-3438			:		! 				
					84	City		Fi	85 Zip	Code
11. Pursuant	to the provisions of Sections 607,050	2 and 60	07.1508, Florida Statu	tes, the al	J	e-named corr	poration submits this statement for the		of changing	its registered
office or I	registered agent, or both, in the State	of Floric	la. Such change was	authorize orida Stat	d by	the corpora	poration submits this statement for the tition's board of directors. I hereby acce	pt the app	oointment a	s registered
SIGNATURE	an tanna with and tropost the obligi	0.00110 01	, 00000, 100	ontid Open	oice	,.				
SIGNATURE	Signature, typod or printed name of registered ago	ont and lifte	if applicable (NO	lt Registore	agA t	ril signature requi	ired when reinstating)	DATE		
12.	OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	P		☐ DELETE	1.1[11	ILE	l l			Change	Addition
NAME	BROWNLEE, JACKSON O.			1.2 N	MÉ					ļ
STREET ADDRESS	255 S.ORANGE AVE			1.3 \$1	REE1	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		- Driett	1.4 CI		1-2IP			Charac	
TITLE	D		DETELE	2.1 10					Change	Addition
NAME	HOFFMAN,ELMO R.			2.2 N						
STREET ADDRESS	255 S. ORANGE AVE					ADDRESS				
CITY-ST-ZIP	ORLANDO FL		DELETE	2 4 C		S1 - 7IP			Change	Addition
NAME			f=1 tyrrrir	3.2 N/					onange	T Vaniana
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	1					S1- ZIP				ļ
TITLE			DELETE	4.1 TI	-	21-211			Change	Addition
NAME				4.2 N					_ ,	
STREET ADDRESS						ADORESS				
CITY-ST-ZIP				4.4 (01						
TITLE			DELETE	5.1 [1]					Change	Addition
NAME				5.2 N	AME.					
STREET ADDRESS				5351	REE1	ADDRESS				
CITY-ST-ZIP				5.4 DI	1Y-S	1 - ZIP				
TITLE			DELETE	61 [1]	TLE				Change	Addition
NAME				62 N	ME					
STREET ADDRESS				6.3 51	REET	ADDRESS				
CITY-ST-ZIP				640						
14 Ldo boro	by codify that the information cumples	of with th	in filing done not augit	its for the	ava	mation atota	d in Section 110 07/3\(ii) Florida Statute	on I fuelba	se cartifu tha	t the

1 do hereby certify that the information supplied with this tiling 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 32 if changed, or on an attachment with an address.

RI OTHER

OLONIATURE.

2-10-

57 407-871-641