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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # S51192

(0)

Principal Place of Business  1175 SPRING CENTRE SOUTH BLYD. LONGWOOD FL 32750-4171	Maili 1175	ng Address Spring Centre So Amonte Springs FL						
US					3. Date Incorporated or Qualified	3a. Date	of Last R	eport
				1400 \$14119 \$1	04/06/1991	03/2	6/1996	
2. Principal Place of Business	treet 26	Mailing Address 346 FRELI	Mari	Street	4. FEI Number		- <del></del>	plied For
21 346 TERMEN Suita, Apt #, etc		uite, Apt. #, etc.	· (S) V	<u> </u>			\$8.75	t Applicable
22	27	•			5. Certificate of Status Desired		Fee Re	
City & State	ina	ity & State	II)	Rips	6. Election Campaign Financing		\$5.00	· .
23 Lónguaco + lar	1/2/4   28	almas			Trust Fund Contribution		Added	
210 COLINTRY	A 2936	3750 l	30 CQU	AZ	8. This corporation has liability for Florida Statutes	intangible ta ☑ Yes  ☐		. 199.032,
9. Name and Address			30]	<u> </u>	10. Name and Address of New Re			
MANJURA, BONNIE D.				Name				
1175 SPRING CENTRE SOUTH BLVD. ALTANONTE SPRINGS FL 32774-1999			 	Street, Add	Tress (P.O. Box Number is Not Acceptal FREMAN STREET	8le)	RE -Zip.	onsier .
11. Persuant to the provisions of Section office or registered agent, or both, it agent. I am family to the and agent. SIGNATURE	n the State of Florida of Hooblestions of S	. Such change was a Section 607 0505, Pu	orida Statu	by the corpora	poration submits this statement for the pation's board of directors. I hereby accel	purpose of cl pt the appoin	hanging it	s registered registered
12. OFF	ICERS AND DIRECT		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND D		
Title PD		DELETE	1.1 TtT	.E				
			1		•		_  Change	Addition
NAME GILBERT, EDWARD	unn 1700 -	The sea of CC PH	1 2 NA	ME ·			_ unange	L_  Addition
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6. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(j). 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

marchaoth 1997 407 261-5706

**FILED** 

Apr 10 1997 8:00am

Secretary of State

Daytime Phone #