CORPORATION ANNUAL REPORT       Sandra B. Mortham Secretary of State         1997       Division OF CORPORATIONS         DCUMENT # \$533509 (3)       (3)         Corporation Name       (3)         Division OF CORPORATIONS       (3)         Secretary of State       (3)         Division OF CORPORATIONS       (3)         Secretary of States       (3)         Division OF CORPORATIONS       (3)         Division OF Corporated of Business       (3	FILE NOW: FILIN	G FEE AFTE			$\neg$ FILED	.00.000
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ADD F. 3219         ORLAND F. 3219         ORLAND F. 3219         3. Date incorporation of Qualified 19:00         3. Date incorporatin of Qualified 19:00         3. Date incorpora	ipal Place of Business	Mai	•			
Interpret Plane of Business         Ja.         Mailing Address         J.         Applied Form         Applied Form           VID:         April #, etc.         50         Solito Apl #, et	Dellemende vinvle NNDO FL 32819	ORL			the second second second the second	
UIE: Apt #. etc.       35.046. Apt #. etc.       35.046. Apt #. etc.       35.046. Apt #. etc.       35.075. Additional processory       Status Desired       \$5.000 May Be Addited b Pless         P1       Country       27       Country       8. The Additional Plassory       \$5.000 May Be Addited b Pless         P1       Country       27       Country       8. This concretion has fability for intrangible into and/or is Not Acceptable       Name and Address of Current Registered Agent         HODGES, CINDY P. B002 BELLBRACHC CIRCLE ORLANDO FL 32619       B1       Name       B1       Name         B002 BELLBRACHC CIRCLE ORLANDO FL 32619       B1       Name       B2       Street Address (PC. Box Number is Not Acceptable)         B016 BELLBRACHC CIRCLE ORLANDO FL 32619       B1       Name       B2       Street Address (PC. Box Number is Not Acceptable)         B02       BELLBRACHC CIRCLE ORLANDO FL 32619       B2       Street Address (PC. Box Number is Not Acceptable)       B3         B02       BELLBRACHC CIRCLE ORLANDO FL 32619       B2       Street Address (PC. Box Number is Not Acceptable)       B3         B02       Country with mice State of Toolds States, the adores are inset with registered agent is the statement for the purpose of changing its registered Office or inset with address of Current Registered agent is the statement with address of Current Registered agent is the statement with address addresstad agent is the statement with address addres	rincipal Place of Business	<u>}1</u>	Mailing Address		4. FEI Number	Applied For
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HOUSES, UNID Y. BORNANDO FL 32819         BS02 BELEMEADE CIRCLE ORLANDO FL 32819         B1         B2         B3         B4         City         B2         B3         B3         B4         City         B4         City         B4         City         B4         City         B4         City         City         City         City         City         City         City         City         B4         City         B5         B5         B5         B5         B5         B5         B5         City         City         City	25	29	3		Florida Statutes Yes No	o. 199.002,
Chine or regenered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, an burning with, and accept the obligations of, Section Book Statutes  VATURE  VATURE VATUR	8902 BELLEMEADE CIRCLE	E			Idress (P.O. Box Number is Not Acceptable)	
OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN 12         VT       HODGES, CINDY P.       Intrue       Intrue <t< th=""><th></th><th></th><th></th><th>84 City</th><th><b>F1</b> 85 Zir</th><th>n Code</th></t<>				84 City	<b>F1</b> 85 Zir	n Code
HODGES, CINDY P.       12 NAME       12 NAME       13 STREET ADDRESS       14 DOGESS, CLIEDTEADS CIRCLE       59 DELLETEADS P.       59 DELLETEADS P.       59 DELLETEADS P.       59 DELLETEADS P.       50 DELLETEADS P.       20 DELETEADS P.	Iffice or registered agent, or both, in gent. Fam familiar with, and accep ATURE	in the State of Florida of the obligations of,	a. Such charige was au Section 607.0505, Flori	s, the above-named c thorized by the corp ida Statutes.	PL ] prporation submits this statement for the purpose of changing ration's board of directors. I hereby accept the appointment a	Lits registered
ALARTON OFL       1.21/2       ORLANDO FL       1.21/2       DUILATION OFL       3.2819         I. 21/2       PS       M DELETE       2.1 TITLE       DS       DILATION OFL       1.21/2         PS       BOHN, TRACEY P.       22 NAME       BOLINT, TRACEY P.       22 NAME       BOLINT, TRACEY P.         8998 HUBBURD PLACE       23 STRET ADDRESS       5.4/3.9.9       S.P.L.T. PIN'E COURT         ORLANDO FL       2 d CitY-S1-21P       DRLAMOD, FL       3.2819         I ADDRESS       3.3 STRET ADDRESS       5.4/3.9.9       S.P.L.T. PIN'E COURT         I ADDRESS       3.3 STRET ADDRESS       5.4/3.9.9       S.P.L.T. PIN'E COURT         I ADDRESS       3.3 STRET ADDRESS       5.4/3.9.9       S.P.L.T. PIN'E COURT         I ADDRESS       3.3 STRET ADDRESS       3.3 STRET ADDRESS         S1 - 2P       I DELETE       3.1 TITLE       I Change       Addition         I ADDRESS       3.3 STRET ADDRESS       3.3 STRET ADDRESS       5.3 STREET ADDRESS         S1 - 2P       I DELETE       5.1 TITLE       I Change       Addition         I ADDRESS       5.3 STREET ADDRESS       5.3 STREET ADDRESS       5.3 STREET ADDRESS         S1 - 2P       I DELETE       5.1 TITLE       I Change       Addition	office or registered agent, or both, in agent. Fam familiar with, and accep IATURE Signature, typed or pentiod name of OFF	in the State of Florida of the obligations of, fregistered agent and tille it	a. Such change was au Section 607.0505, Flori applicable (NOTE: 1 TORS	s, the above-named o inhorized by the corp ida Statutes. Registered Agent signature r 13.	PL ] proporation submits this statement for the purpose of changing ration's board of directors. I hereby accept the appointment a quired when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIBECTO	i its registered as registered
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I do hereby certify that the information supplied with this filing does por 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 officier or director with province of the same legal effect as if made under oath; that I am an officier or director with province of the same legal effect. The same legal effect as if made under oath; that I am an officier or director with the contract required by Chapter 60.7 Elorida Statutes; and that my normality is a statute of the same legal effect.	Office or registered agent, or both, in agent, Eam familiar with, and accep VATURE Signation, fund or proton ranno of OFF VT HODGES, CINDY P. 8217 CARAWAY DR. ORLANDO FL PS BOHN, TRACEY P. 8996 HUBBURD PLAC ORLANDO FL T ADDRESS ST- 2P T ADDRESS ST- 2P T ADDRESS	in the State of Florida of the obligations of, registered agent and tille if ICERS AND DIREC	a. Such change was au Section 607.0505, Flori applicable (NOTE: TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	s, the above-named or thorized by the corp ida Statutes. Registered Agent signature of <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	PL	Its registered         Abs registered         DRS IN 12         DRS IN 12         Addition         E         Addition         E         Addition         E         Addition         E         Addition         E         Addition         E         Addition
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