SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



Ę	COF ANNU	PROFIT RPORATI JAL REP 1997 MENT	ORT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS (6)						Aug 21 1997 8:00an Secretary of State					
2 8 V		e of Busines		NC.	Mailing Ad 2011 ALOI SUITE 200 WINTER P. US	MA AVE					3. Date Incorporated or Qua	WRITE IN TH	HIS SPACE Date of Last	Report	7
2.	Principal P	ncipal Place of Business			2a. Mailing Address				06/14/1991 4. FEI Number		01/13/1997	pplied For	-		
21	<u>.</u>				26						65-0367131			ot Applicable	
22	Sulte, Apt.	ot. #, etc.			Suite, Apt. #, etc.						5. Certificate of Status Desir	ed 🗆	· ·	Additional Required	
	City & State	City & State			City & State						6. Election Campaign Finance			May Be	
23	Zıp	Country			28			Country			Trust Fund Contribution 8. This corporation owes or	has paid the		t to Fees	+
24	····	25			29	30				Personal Property Tax du	e June 30.	Yes	No		
				s of Current F	legistered Ag	jent		81	Name		10. Name and Address of N	ew Register	ed Agent		\dashv
HITZGES, DAVID J 2011 ALOMA AVENUE WINTER PARK FL 32792								82 83 84	Street A	Addres	s (P.O. Box Number is Not Ac		85 Zip	Code	
	agent. I a GNATURE	m familiar wi	th, and acce	pt the obligatio	ns of, Section	607.0505, F	lorida Sta	lutes			ation submits this statement fo 's board of directors. I hereby	or the purpose accept the	e of changing appointment a	its registered s registered	1
12		Signature, typed or printed name of registered agent OFFICERS AND					Registered Agent signature required		required i	when reinstating) ADDITIONS/CHANGES TO	DAT OFFICERS		IDS IN 12	ام	
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NAI							6.2 N		-						
	REET ADDRESS								ADDRESS						
14	Y-ST-ZIP I, do herek	y certify tha	the informal	ion supplied w	ith this filing o	loes not qua	6.4 CI lify for the	exer	nption sta	ated in	Section 119.07(3)(i), Florida S	Statutes. I fur	ther certify tha	t the	1
	informatio I am an of appears in	n indicated of fficer or direct n Block 12 o	on this annua ctor of the co r Block 13 j	I report or sup poration or the changed, or the	plementat/alvr i redeine or i anlatischme	nual report is custee empor nt with en ac	true and a wered to a ldress.	execu	rate and t ute this re	that my port a	Section 119.07(3)(i), Ftorida S y signature shall have the sam s required by Chapter 607, Flo	ie legal effec orida Statute	t as if made ur s; and that my	nder oath; tha name	t

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