OT/29/1991         OS/01/1996           2. Principal Place of Business         24. Mailing Address         4. FEI Number         1           Suite, Apt #, etc.         58.         59.3092595         1         1           Suite, Apt #, etc.         5. Certificate of Status Desired         Fact         56.           Chy & Stato         City & State         6. Election Campaign Financing         ASS.00           Zp         Country         Zp         Country         6. Election Campaign Financing         ASS.00           3         Chy & State         6. Election Campaign Financing         ASS.00         ASS.00           20         Country         Zp         Country         8. This corporation has liability for intangable tax under           21         Country         Zp         Country         30         10. Name and Address of New Registered Agent           PLAUT, TANYA M.         Soft MARIPOSA STREET         91         Name         82         Street Address (P.O. Box Number is Not Acceptable)           83         Election Campaign Financing         Street Address (P.O. Box Number is Not Acceptable)         83           84         City         FL         85         Zf           90. Mame and Address of Sectons 607.0502 and 607.1508, Fionda Statules. the above-named corporations subard of directors.	State	FILED Jan 21 1997 8:00ar Secretary of State			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			PROFIT RPORATION JAL REPORT <b>1997</b>	COR ANNU
Interpretation of Units is as a more up control of Country is the statement for the process of Sector Appendix Process     3. Date incorporated of Country is the Sector of Process is Sector Appendix Process       2. Process I Public of Business     2.       3. Bate Applie Acid reas     4. FEI Number       2. Process I Public of Business     2.       3. Bate Applie Acid reas     4. FEI Number       2. Process I Public of Business     2.       3. Bate Applie Acid reas     4. FEI Number       2. Process I Public of Country     5. Conflicate of State Desired       3. Bate Applie Acid reas     5. Conflicate of State Desired       3. Bate Applie Acid reas     5. Conflicate of State Desired       3. Date Incorporation table to an applie tax under Financing     2.       3. Date Incorporation table to an applie tax under Financing     2.       4. PLUT, TANYA M.     5.       5. State Origin Process of State Desired Agent     10. Name and Address of New Registered Agent       PLUT, TANYA M.     5.       5.     5.       6.     10. Name and Address of New Registered Agent       9.     2.       0.     10. Name and Address of New Registered Agent       9.     10. Name and Address of Country to an applie table to a transformation of State Process       10. Contribution with, with and accept the countral accept the applie table to a transformatin the applie table to a transformation of State Process <th>4) 01014 (00<del>)</del></th> <th>alan alan shar shar s</th> <th>na an a</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	4) 01014 (00 <del>)</del>	alan alan shar shar s	na an a						
Principal Place of Business  Principal Place	Report	3a. Date of Last Re	e Incorporated or Qualified 3	3.	313	S. SEMORAN BLVD. E 108	925 Sun	AN BLVD.	25 S. Semor/ Uite 108
Suite, Api #, cic     Suite, Api #, etc.     5. Certificate of Status Desired     \$6.75       City & State     27     Country     5. Certificate of Status Desired     \$6.75       Zip     City & State     1.     File     6. Election Campaign Financing     \$5.01       Zip     Country     Zip     Country     8. This corporation has liability for intangible tax under Fonda Statutes     1.     Name       2ip     Country     Zip     Country     8. This corporation has liability for intangible tax under Fonda Statutes     1.     Name       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       9. Name and Address of Sciences of Sachors 507.05.02 and 607.1508. Florida Statutes the above-named corporation submits this statement for the purpose of changing of the corporation's board of directors. I hereby accept the displayed as Under Status       9. Pursuant to the provisions of Sachors 507.05.02 and 607.1508. Florida Statutes. The above-named corporation's board of directors. I hereby accept the displayed as Under Status       9. Current Registered Agent or bolin, m the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the displayed as Under Status       9. Current Registered Agent or bolin, m the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the displayed as Under Status       9. Current Registered Agent or bolin, m the State of Florida Such Cost State Stat	Applied For	Apr	Number	4.		Mailing Address	•1	lace of Business	
City & State       27	Not Applicable Additional	Not	4	5		Suite, Apt. #, etc.	en en el en el companya de la compa	#, etc	
Zip     Country     2ip     Country     0. This corporation has liability for intangible tax under Plonda Statutes     > Trust Fund Contribution     Addees       2ip     2ip     30     Florida Statutes     > Iso     > Name and Address of Current Registered Agent       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       9. Name and Address of Sockors StreEt     29     30     Street Address (P.O. Box Number is Not Acceptable)       64     City     FL     85     Zire       7. Pursuant to the provisions of Sockors 607 0502 and 607 1508, Florida Statutes     81     Name       64     City     FL     85     Zire       7. Pursuant to the provisions of Sockors 607 0502, and 607 1508, Florida Statutes     10. Name and Address of the object of the o	Required		·····			City & State		0	
25     29     30     Forda Statutes     Yes     No       8. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       PLAUT, TANYA M.     508 MARPOSA STREET ORLANDO FL 32801     61     Name       8. Orland Statutes     Forda Statutes     Forda Statutes     Forda Statutes       9. Varies and Address of Current Registered Agent     61     Name       9. Varies and Address of Societies for OS02 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing office or registered Agent accept the changing of Societies (SOSO, Florida Statutes).     Date       I and nervice with, and accept the change was authorized by the corporation submits this statement to the purpose of changing office or registered Agent accept the change was authorized Agent agaiture regure when remained     Date       I and Address R.     INTEL     INTEL     Date       I and Address R.     I and Florida Statutes.     I and Florida Statutes.       I are for the AND DIFE CTORS     13     ADDITIONS/CHANGES TO OFFICERS AND DIFECTOR       Ref Address     I and Florida Statutes     I antref       I are for fice HS AND DIFE CTORS </td <td>to Fees</td> <td>Added to</td> <td>st Fund Contribution</td> <td></td> <td>1 0</td> <td></td> <td>28</td> <td></td> <td></td>	to Fees	Added to	st Fund Contribution		1 0		28		
PLAUT, TANYA M. Soe MARIPOSA STREET ORLANDO FL 32801       81       Name         92       Street Address (P.O. Box Number is Not Acceptable)         93       83         94       City       FL         95       Street Address (P.O. Box Number is Not Acceptable)         94       City       FL         95       Street Address (P.O. Box Number is Not Acceptable)         96       City       FL         97       Tame tember win, and accept the obligatons of Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment agent 1 am fember win, and accept the obligatons of Section 607 0505, Florida Statutes,         IGNATURE       INTERPORT optime temes win, and accept the obligatons of Section 607 0505, Florida Statutes,         IGNATURE       INTERPORT optime temes win, and accept the obligatons of Section 607 0505, Florida Statutes,         IGNATURE       INTERPORT optime temes wing address of the obligatons of Section 607 0505, Florida Statutes,         IGNATURE       INTERPORT optime temes wing address of the obligaton of Section 607 0505, Florida Statutes,         IGNATURE       INTERPORT optime temes wing address of the obligaton of Section 607 0505, Florida Statutes,         IGNATURE       INTERPORT optime temes wing address of the obligaton of temps of the obligaton of temps of the obligaton of temps of temp	s. 199.032,			8.		ζιþ	·		
PLAUI, LANTA M.         Soe MARPOSA STREET ORLANOO FL 32801         82         83         84         64         65         7- Dursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes the above-named dropporation submits this statement for the purpose of changing off ce or registerist agent to both, m the Statute of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment a agent Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.         GNATURE Beyeaker, graditic protect agent action displetate.       (NOTE Registered Agent A	, .,	listered Agent	me and Address of New Registe		A1 Nar	ored Agent	ess of Current Registe		
office or registered agent Lam familiar with, and accept the obligations of. Social 607.0505, Florida Statutes.  GNATURE  Service upwell a protect using of tegestered agent and the obligations of . Social 607.0505, Florida Statutes.  (NOTE Flogstared Agent spallar required when reinstalleg) DATE  OFFICE HS AND DIRE CTORS  NOTE Flogstared Agent spallar required when reinstalleg) DATE  OFFICE HS AND DIRE CTORS  NOTE Flogstared Agent spallar required when reinstalleg) DATE  OFFICE HS AND DIRE CTORS  NOTE Flogstared Agent spallar required when reinstalleg) DATE  CLARK, JAMES R.  12 NAME  12 NAME  14 21 SHADWELL CIRCLE  13 STREET ADDRESS  Y-S1-2/P HEATHROW FL DELETE D CLARK, JEFFREY R.  Sobs GREY LOCK COURT SANFORD FL 24 OTY-S1-2/P 25 OFFICE AGENESS  Y-S1-7/P 25 OFFICE AGENESS Y-S1-7/P Y-S1-	o Code	FL		·	84 City	1500 Florido Cista	classe CO7 05 00 and CD	to the survivience of Dec	Dura anti
D     DELETE     1.1 TITLE     Change       NME     CLARK, JAMES R.     12 NAME     13 STREET ADDRESS       1421 SHADWELL CIRCLE     13 STREET ADDRESS     14 LITY-ST-ZIP       ILE     D     DELETE     21 TITLE       Street ADDRESS     5065 GREY LOCK COURT     23 STREET ADDRESS       YY-ST-ZIP     SANFORD FL     24 CITY-ST-ZIP       ILE     DELETE     31 TITLE       WE     DELETE     31 STREET ADDRESS       ITY-ST-ZIP     SANFORD FL     24 CITY-ST-ZIP       ILE     DELETE     31 STREET ADDRESS       ITY-ST-ZIP     24 CITY-ST-ZIP       ILE     DELETE     31 STREET ADDRESS       ITY-ST-ZIP     24 CITY-ST-ZIP       ILE     DELETE     31 STREET ADDRESS       ITY-ST-ZIP     33 STREET ADDRESS       ITY-ST-ZIP     33 STREET ADDRESS       ITY-ST-ZIP     33 STREET ADDRESS       ITY-ST-ZIP     34 CITY-ST-ZIP       ITTE     ALTIVE	is registered	t the appointment as r	d of directors. I hereby accept the	corporation's t	authorized by the c orida Statutes. E Registered Agent sign	L Such change was ( Section 607.0505, Fl	Ih, in the State of Florida cept the obligations of,	eg-stered agent or boll milfamiliar with, and acc	office or re agent I ar IGNATURE
ME CLARK, JAMES R. 12 NAME REELADORESS 1421 SHADWELL CIRCLE 13 STREET ADDRESS IY-ST-ZIP LE D CLARK, JEFFREY R. 22 NAME CLARK, JEFFREY R. 23 STREET ADDRESS SO65 GREY LOCK COURT 23 STREET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME LE LE L DELETE LE L L DELETE LE L L L L L L L L L L L L L L L L		ERS AND DIRECTORS	ITIONS/CHANGES TO OFFICERS				OFFICERS AND DIRECT		
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r-SI-ZIP I do hereby certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify the information indicated on this annual report or supplemental annual report is the find accurate and that my signature shall have the same legal effect as if made u I am an officer or director of the corporation or the receiver or trustee empoyee part execute this report as required by Chapter 607, Florida Statutes; and that my I am an officer or director of the corporation or the receiver or trustee empoyee part execute this report as required by Chapter 607, Florida Statutes; and that my	Addition	Change	· · · · · · · · · · · · · · · · · · ·		4 4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRE 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	_			E 1E EET ADDRESS '- ST - ZIP E E