FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

	OUTH LANE	•		3. Date Incorporated or Qualified 3a. Date of Last Report	
				11/12/1991 04/22/1996	
2. Principal Pl	ace of Business	2a. Maiting Address		4. FEI Number Applied Not Appl	
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additio	
2		27		Fee Required	
City & State	3	City & State		6. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee	
Э] Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.0	
24	25	29	30	Florida Statutes	
	 Name and Address of Current STON, FREDERICK 	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
WIN	PORTSMOUTH LANE FER PARK FL 32792 o the provisions of Sections 607 0502	and 607, 1508. Florida Stati	83 84 City	ress (P.O. Box Number is Not Acceptable) FL 85 Zip Code poration submits this statement for the purpose of changing its regist tion's board of directors. I hereby accept the appointment as regist	sterec
SIGNATURE 12. THEF NAME	Signature, typical or punited name of registroed agen OFFICERS AND OPT HUESTON, FREDERICK		18. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12 Addition
STREET ADDRESS	1053 PORTSMOUTH LANE		1.3 STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK FL DVS	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change	Addition
Name Street address	HUESTON, CHRISTINE 1053 PORTSMOUTH LANE		2.2 NAME 2.3 STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change	Additio
NAME STREET ACORESS CITY+SE-ZIP			3 2 NAME 3.3 STREET ADDRESS 3.4. City-St-Zip		
TOLE NAME STREEL ADURESS		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREFT ADDRESS	Change 3	Additio
CITY - S1 - 7IP			4.4 CITY - ST - ZIP		
TUTLE		☐ DELETE	5.1 TITLE	Charige (Additio
NAME {			5.2 NAME	4/2 24	
STREET ADDRESS			5 3 STREET ADDRESS	NSOL	
CHY+SI+Z# THLE NAM STREEL ADDRESS	11	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	500002127735 -03/28/9701128037 ***165.00	Additio
informatio flam an ol	by certify that the information supplied in indicated on this annual report or their or director of the corporation or in Block 12 or Block 13 if changed, or	upplemental annual réport is the receiver or trustes empo	s true and accurate and that owered to execute this repo	d in Section 119 07(3)(i). Florida Statutes. I further certify that the at my signature shall have the same legal effect as if made under oa ort as required by Chapter 607, Florida Statutes; and that my name	ath; th

SIGNATURE:

SIGNATURE AND TYPED, OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 28 1997 8:00am

Secretary of State