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

FILED

May 07 1997 8:00am

Secretary of State

Principal Place of Business 1739 NOTTINGHAM DRIVE WINTER PARK FL 32792-2227 (5) Mailing Address 1739 NOTTINGHAM DRIVE WINTER PARK FL 32792-2227						włana					
							3. Date Incorporated or Qualified		e of Last F	Report	
2. Principal F	Place of Business	2a. Ma	iling Address	···			12/09/1991 4. FEI Number	U5/U)1/1 996	pplied For	
21		26					59-3100298			ot Applicable	
Suite, Apt	#, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired		
22			& State	State			6. Election Campaign Financing			May Be	
23		28	,				Trust Fund Contribution			to Fees	
Zιρ	Country	Zıp		Coun	try		8. This corporation has liability for			s. 19 9.032,	
24	25] 9. Name and Address of Cur	29 rent Registere	d Agent	30			Florida Statutes 10. Name and Address of New Re	Yes Z			
		10111108181010	a rigotti.		B1	Name					
GLASS, RICHARD 1739 NOTTINGHAM DRIVE				-	B2	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)			
WINTER PARK FL 32792							000 (1.01. DOM 110.110.110.110.110.110.110.110.110.110				
,				[83						
				[7	84	City		FL	85 Zip	Code	
office or agent. L. StGNATURE	Lib the provisions of Sections 607.0 registered agent, or both, in the St am familiar with, and accept the ob-						oration submits this statement for the jon's board of directors. I hereby acce	pt the appo	changing bintment as	s registered	
12.		AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	D		☐ DELETE	1.1 TIT					Change	Addition Addition	
NAME	GLASS, RICHARD			1.2 NA1		nnncoe .					
STREET ADDRESS	1739 NOTTINGHAM DRIVE WINTER PARK FL			1.3 STF		DDRESS					
TITLE	VP		DELETE	21 TITLE		. 211			Change	Addition	
NAME	RICHARD, MARCY			2.2 NAI	ME						
STREET ADDRESS	,, , , , , , , , , , , , , , , , , , ,			2 3 STF	REET A	DDRESS					
C11Y - S1 - ZIP	WINTER SPRINGS FL		DELETE	2 4 CI		- ZIP			☐ Change	Addition	
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STHEET ADDRESS						DDAESS					
CITY S1 ZIP				3.4 CI		-ZIP	······································			1 7 2 . 16.	
TITLE			☐ DELETE	4.1 TiT		ļ			Change	L Addition	
NAME				4.2 NA		DODECC					
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CAY-ST-ZIP TITLE		·	☐ DELETE	5.1 TiT			= ::::::::::::::::::::::::::::::::::::		Change	Addition	
NAME				5.2 NA	ME						
STREET ADORESS				5.3 STI	REET A	DORESS					
CHY-SI-ZIF			priete	5.4 CIT		-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
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NAME STREET ADDRESS				i i		ODRESS					
CITY-ST 7/P				6.4 CIT							
				4 (4			Lin Continu 440 07/2V/I) Elevide Statut	on I further	continue the	t the	

14. I do hereby certify that the information supplied with this filing does not 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 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 or changed, or or an attachment with an address.