FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation CHAR	MENT # V03	ν-,						
Principal Place of Business 180 PARK AVENUE, NORTH WINTER PARK FL 32789			Mailing Address 180 PARK AVENUE. NORTH WINTER PARK FL 32789		I IDDAN DINGHI DRIDD HINDI BHAG DAHL DAH BIDIK DIBAK DIGIN DIBAK DIDIN DIBAK DIGIN			
					3. Date Incorporated or Qualified 12/31/1991		of Last Report 4/26/1995	
<u></u> †"		2a. Mailing Address 26	"I		4. FEI Number 59-3129081		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζιρ 24]	Country 25 9. Name and Address of Cur	Zip [29] rrent Registered Agent	Country 30		This corporation has liability for Florida Statutes X Yes Name and Address of New F	. □ No		
		Tom Hogisto/ou Agent	81	Name	10. Name and Address of New)	agistered A	jent	
SCHWALB, ALLEN J.				Street Add	Address (P.O. Box Number is Not Acceptable)			
180 PARK AVENUE NORTH WINTER PARK FL 32789			83					
MIMIEL	1 FARR FL 32/09		63				ĺ	
			84	City		FL	85 Zip Code	
SIGNATURE S.	gradure Typical or printed marrie of registered a OFFICERS	ection 607.0505, Florida Statutes gent and lite (spip cable) AND DIRECTORS	DTL Begistered April 13.		addination stands statement for the pure did directors. I hereby accept the appointment of the pure distribution of the pure pure distribution of the pure pure distribution of the pure pure pure pure pure pure pure pur	DATE		
NAME SIRFE! ADDRESS	PD SCHWALB, ALLEN J. 180 PARK AVNEUE NOF WINTER PARK FL	□ DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET /				Change 🔲 Addition	
TITLE NAME STREET ADDRESS	WILLIAM	☐ DELETE	2 1 THLE 2 2 NAME 2 3 STREET A				Change Addition	
CHY-ST ZIP TITLE NAME		☐ DELETE	24 CITY - ST 3 1 TITLE 32 NAME				Change Addition	
STREET ADDRESS CITY-ST ZIP THEE			33 STREET. 34 CHY-SI					
NAME STHEET ADDRESS		☐ DELFTE	4 1 THE 42 NAME 43 STREET A	DORESS		Ш	Change	
THLE NAME	· · · <u>- · · · · · · · · · · · · · · · ·</u>	DELETE	4 4 CITY - ST 5 1 TITLE 5 2 NAME	ZIP			Change Addition	
STREET ADDRESS CITY-ST-ZIP THEE	····	☐ DELFIE	53 STREET A 54 CITY-ST 6 1 TITLE				Change Addition	
NAME STREET ADDRESS CITY-ST-ZIF			6.2 NAME 6.3 STREET A 6.4 CITY - ST	ZIF				
14. I do hereby o	certify that the information supplied information in this a	ed with this filing is voluntarily furn	ished and does	not qualify for	or the exemption stated in Section 119.	07(3)(k), Florid	a Statutes. I further	

certify trial 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 if changed, or on an attachment with an address.

SIGNATURE:

YPED OM PRINTED NAME OF BLUING OFFICER OR DIRECTOR

4/9/96 (407)644-5595