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

PROFIT CORPORATION



Secretary of State DIVISION OF CORPORATIONS

Sandra B. Mortham ANNUAL REPORT 1997

FILED May 08 1997 8:00am Secretary of State

DOCUN 1. Corporation	MENT # V05934 PAGE ZIST CENTURY	<u>, , , , , , , , , , , , , , , , , , , </u>				
Principal Place of Business Mailing Address 225 E. ROBINSON ST. C/O PAUL D. RA SUITE 450 P.O.BOX 12 ORLANDO, FL 32802 ORLANDO, F.					3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal Pla	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
Suite Apr #	t of	26			65-0457679	Not Applicable \$8.75 Additional
22	· Cit	27	,		5. Certificate of Status Desired	Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country Zip		Country		8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25 9. Name and Address of Curren	t Registered Agent	30]		Florida Statutes 10. Name and Address of New Reg	Yes X No
~		r neglatered Agent	81	Name	TO. Hamb Bild Addiess of Not the	patered Agent
PAUL D. RANG, ESQ				Street Addr	ress (P.O. Box Number is Not Acceptable)	
225 E. ROBINSON ST.						
SUITE	450 40, FL 32802		83			}
- 114111	-0,1-32802		84	City		FL 85 Zip Code
11. Porsoned to	o the provisions of Sections 607.050	2 and 607,1508; Florida Statut	es, the above	-named corp	poration submits this statement for the pr	
office or re		of Florida, Such change was a	authorized by	the corporat	ion's board of directors. Thereby accep	
SIGNATURE	The arms hyperd or perilled name of registered agr	a and title if anot cable (NOT	E Registered Age	nt signal ire reguli	red when reinstating)	DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	
ni;	>\V\T\3\D		11 TITLE			☐ Change ☐ Addition
NAME	JEAN-CLAUDE DERA		1.2 NAME			
1	225 E. ROBINSON ST.		1.3 STREET ADDRESS			
1.11(E	ORLANDO FL 32802		1.4 CITY - S 2.1 TITLE	T- ZIP		Change Addition
NAM:			2.2 NAME 2.3 STREET ADDRESS			
STREET ALCOPENS						
CID S1 78			2 4 CITY - S	1 - ZiP		
101		DELETE	3.1 TIFLE			Change Addition
MAV:			3 2 NAME			
STREET ADDRESS.			3 3 STREET			
1017 ST-74P 1018			3.4. C/TY-5	ST - ZIP		Change Addition
NAM:			4 2 NAME			•
STMT ADDRESS			43 STREET	ADDRESS	<i>le .</i> .	120
(al 1 - 52 - 76		4.4		T- ZIP	(h)	\ <u>\</u> \
THE		DELETE	5.2 NAME		V/	Change Addition
9846					4	
59831.2 09255			5 3 STREET			
_(015_50_74) 		DELETE	5.4 CITY - S 6.1 TITLE	1 · ZIP	······································	Change Addition
1.27		ET SEELE	62 NAME		30000218	2433
EBB EBB AND TO			63 STREET	ADDRESS	30000218 -05/19/970101	14034
11'r \$ 7P			64 CITY - S		***165.00	
14. 1 (to here o	y certify that the information supplie	with this filing does not quali	fy for the exe	mption stated	d in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal	offect as if made upder cathe the
Lan an of	hoer or a réctor of the corporation or - Disertit 15 n. Plant 12 debendes	the receiver or trustee empoy	vered to exec	ute this repo	rt as required by Chapter 607, Florida S	tatutes; and that my name