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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # V10588

(4)

Principal Place 170 W FAIRBAI SUITE 201 WHITER PARK	NKS AVE	Mailing Address 170 W FAIRBANKS AVE SUITE 201 WINTER PARK FL 32789-4							
VIII 21 11 11 11 11 11 11 11 11 11 11 11 11	16 46107	Wildle Francisco				3. Date Incorporated or Qualified	1	e of Last R	eport
9 Principal P	lace of Business	2a. Mailing Address				01/31/1992 4. FE! Number	⊥ 08/0	8/1996	- Carl Fac
21	Idog of Dualitous	26			59-3103993			oplied For ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	П	\$8.75		
22		27			Cermicate of Status Desired		Fee Re		
City & State	€	City & State			Election Campaign Financing Trust Fund Contribution	\Box	\$5.00		
Zip	Country	[28] Zip	Coul	ntry		8. This corporation has liability for i		Added to	
24	25	29	30	•] No	100.002,
	9. Name and Address of Curren	l Registered Agent				10. Name and Address of New Re	gistered A	gent	
	ENFELT, CAROL M.			81	Name				
	W FAIRBANKS AVE		82 Street Ad			ss (P.O. Box Number is Not Acceptab	ole)		
	TE 201		-	83					
AANA	TER PARK FL 32789		Į						
				84	City	·	FL.	85 Zip (Code
	to the provisions of Sections 607,050; egistered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida. Such change was ations of, Section 607.0505, Fl	les, the ab authorized orida Stati	ove by utes	named corpo the corporatio	oration submits this statement for the p on's board of directors. I hereby accep	urpose of out the appo	changing it intment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered ages	nt and life if applicable (NO)	F Registered	Ager	rt signature requirer	d when reinstating)	DATE	·••	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D DOCUCELT CAROL M	☐ DELÉTÉ	1.1 111				Į.	Change	Addition
NAME Street address	ROSENFELT, CAROL M. 170 W FAIRBANKS AVE #201		1.2 NA		ADDRESS				
CITY-ST-ZIP	WINTER PARK FL		1.4 01		i				
TITLE	AAMAA MAAA II A MAAA A MA	DELETE	2.1 1/1					Change	Addition
NAME			2.2 N						}
STREET ADDRESS			2.3 S		ADDRESS				
CITY-ST-ZIP		T porte	2 4 0		T-7IP	·			
TITLE NAME		□ num	DELETE 311H				L	Change	L_ Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. G						
TITLE	The state of the s	DELFTE	4.1 111					Change	Addition
NAME			4. 2 N/	IME]
STREET ADDRESS			1		ADDRESS				İ
CITY-ST-ZIP		DELETE	4.4 CIT		I - ZIP			Change	Addition
TITLE NAME		L'1 percit	5.1 T/J 5.2 NA				ι	Change	☐ Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CII						
TITLE		DELETE	6.1 TII					Change	Addition
NAME			6.2 NA	ME	ļ				
STREET ADDRESS			6.3 ST	REETA	ADDRESS				
CITY-ST-ZIP	au partify that the information supplies		64 01			in Section 110 07/3Vi). Elevide Statute			

I do hereby certify that the information supplied with this filling 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 tegal effect as if made under eath; 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

(407) 644 - 0207

FILED

May 01 1997 8:00am

Secretary of State