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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Suite, April #, etc.  Cry & State  Suite, April #, etc.  Cry & State  Cry & State  Suite, April #, etc.  Suite, April #, etc.  Suite, April #, etc.  Suite, April #, etc.  Cry & State  Cry & State  Suite, April #, etc.  Suite, April #,	ANNU	NUAL REPORT Secreta			3. Mortham ry of State CORPORATIONS		Secretary of State		
25 DRENNAN ROAD SUITE 5 SURAMOO FL 32806 US  2. Finnicipal Plate of Business 2. Mailing Address 2. Finnicipal Plate of Business 3. Date Incorporated or Qualified 4. FET Number 5.50. Ministry 5.50. Ministry 5.50. Ministry 5.50. Ministry 5.50. Ministry 6. Election Campaign Financing 7. For Country 7. P. Country 8. This corporation has liability for intangible fax under s. 199. 7. POWELL SHELLEY Y 7. SOLD EBLIEVOD DR 9. Name and Address of Current Registered Agent 7. POWELL SHELLEY Y 7. SOLD EBLIEVOD DR 9. Name and Address of Current Registered Agent 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address (P.O. Box Number is Not Acceptable) 8. Sireet Address	DOCUI i. Corporation	MENT # V1		(0)			,		
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RIMES RIANDO FL 32906 RIS  US  3. Date Incorporated or Qualified V4/25/1992  Q4/25/1992  Q4/25/1993  Q4/25/1	rincipal Place	e of Business	Mailır	ng Address				#1011 01011 01011 01011 0101	
ANDO FL 32906   Chando FL 3290		OAD		SUITE 5 ORLANDO FL 32806-6104			. • •		
2. Principal Place of Business   2a, Malling Address   2b, Malling Address   4. FEI Number   Applied   App	rlando fl 3	2906	*				Date Incorporated or Qualified		
Suite, Apt W. etc.  City & State  City & Country  Zip  Country  Zip  Country  Zip  Country  Added to Fee Require  Fore Require	_					J.—————	02/27/1992	ſ	
Solite, Apt. #f. clo.    Suite. Apt. #f. clo.   Suite.   Suite.   Suite.   Status   Solite.   Status   Status   Solite.   Status	٦	lace of Business	F	ailing Address				<del> </del> †	Applied For Not Applicable
City & State  Country  Registered Agent  Country  Registered Agent  Country  Registered Agent  Country  Registered Agent  City & State  Registered Agent  Registered Agent		#, etc.	Su	uite, Apt. #, etc.			·· T	□ \$8.75	Additional
Zip   Country   Zip   Country   Risk corporation has liability for intangible lax under sites 1991	and the second state of the second se	C	···	ity & State			<u> </u>		<u></u>
9. Name and Address of Current Registered Agent  POWELL, SHELLEY Y 3012 DELLWOOD DR ORLANDO FL 32808  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code  85 Circle Address (P.O. Box Number is Not Acceptable)  86   87	1						Trust Fund Contribution	Added Added	to Fees
POWELL, SHELLEY Y 3012 DELLWOOD DR ORLANDO FL 32808  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  85 Zip Code  86 City  FL 85 Zip Code  87 City  FL 85 Zip Code  88 City  FL 85 Zip Code  88 City  FL 85 Zip Code  89 City  FL 85 Zip Code  89 City  FL 85 Zip Code  80 City  FL 85 Zip Code  80 City  FL 85 Zip Code  80 City  FL 85 Zip Code  81 City  FL 85 Zip Code  81 City  FL 85 Zip Code  82 City  FL 85 Zip Code  83 City  FL 85 Zip Code  84 City  FL 85 Zip Code  85 Zip Code  86 City  FL 85 Zip Code  86 City  FL 85 Zip Code  86 City  FL 85 Zip Code  87 City  FL 85 Zip Code  88 City  FL 85 Zip Code  89 City  FL 85 Zip Code  89 City  FL 85 Zip Code  80 City  FL 85 Zip Code  81 City  FL 85 Zip Code  82 City  FL 85 Zip Code  83 City  FL 85 Zip Code  84 City  FL 85 Zip Code  85 Zip Code  86 City  FL 85 Zip Code  86 City  FL 85 Zip Code  86 City  FL 85 Zip Code  87 City  FL 85 Zip Code  88 City  FL 85 Zip Code  89 City  FL 85 Zip Code  89 City  FL 85 Zip Code  80 City  FL 85 Zip	-,		· —	þ	<b>├</b>	y			s. 199.032,
3012 DELLWOOD DR ORLANDO FL 32808  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code   City   FL   85 Zip Code				ed Agent					
ORLANDO FL 32808  83  84 City  FL 85 Zip Code  1. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regional control for fine purpose of changing its regional control for familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITIE  OFFICERS AND DIRECTORS  11. TITLE  ORLANDE  ORLANDO FL  ORLANDO	POWELL, SHELLEY Y					Name			
83   84   City   FL   85   Zip Code	3012 DELLWOOD DR					Street Add	ress (P.O. Box Number is Not Accepta	ble)	
1. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regional control of the provisions of Sections 607.0505. Florida Statutes by the corporation's board of directors. I hereby accept the appointment as registed agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.  IGNATURE    Stipulate, typed or printed name of registered agent and title II applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	ORL	ANDO FL 32808			83	<del> </del>	·	<del></del>	
III. Fursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURET  Stip-sture, typed or printed name of registered agent and title II applicable (NOTE: Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IIII.  AMI  POWELL, STUART K.  12. NAME  12. NAME  13. STREET ADDRESS  ORLANDO FL  DELETE  1.1 TITLE  Change								······································	
SIGNATURE Signature, systed or print of name of registered agent and title II applicable  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  BILL  D  DELETE  1.1 TITLE  Change  TO Change  1.2 NAME  3012 DELLWOOD DR  ORLANDO FL  DELETE  1.4 CITY-ST-ZIP  DAME  POWELL, SHELLEY Y.  22 NAME  3012 DELLWOOD DR  DELETE  2.1 TITLE  Change					84	City		FL  85   Zip	) Code
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