FILE NOW: FILING FEE AFT PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEP. Sandra Socre	ARTMENT OF STATE B. Mortham tary of State CORPORATIONS	May 12 1997 8:00ar Secretary of State	
Principal Plac 2563 SHADE T KISSIMMEE FL	REE CT	Mailing Address 2563 SHADE TREE CT	10		
NIGOIMMEE FL		KISSIMMEE FL 34744-38	43	 Date Incorporated or Qualified 04/24/1992 	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	28. Mailing Address	F 0.	4. EEL Number	Applied For
21 4 383 Sulte, Apt.	<u>5 Semoran Farm</u>	SK4 26 9 385 Semo Suite, Apt. #, etc.	ran tarmske		Not Applicable
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	simmee. FL	City & Stato 28 KSSM , F	L	 Election Campaign Financing Trust Fund Contribution 	\$5.00 May Be Added to Fees
	Country	29 34744	30 USA	8. This corporation has liability fo	r intangible tax under s. 199.032,
4 34	9. Name and Address of Cu		30 USH	Florida Statutes 10. Name and Address of New R	No Registered Agent
11. Pursuant	to the provisions of Sections 607	.0502 and 607, 1508, Florida Stat	ules the above-named c	SIMM CC	FL B5 Zip Code
office or i agent. I <i>e</i> SIGNATURE	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere	State of filorida, Such change wa bbligations of, Section 607,0505, of egent and tile if epplicable (N	Iulos, the above-named c s authorized by the corpo Florida Statutes.	orporation submits this statement for the ration's board of directors. I hereby acc- quired when reinstating)	purpose of changing its registered ept the appointment as registered DATE
office or i agent. I a SIGNATURE 12.	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS	State of Florida, Such change wa biligations of, Section 607.0505, of agon and tile if application (N S AND DIRECTORS	UIOS, the above-named c s authorized by the corpo Florida Statutes. OIL flegistered Agent signature re 13.	orporation submits this statement for the ration's board of directors. I hereby acc quired when reinstating) ADDITIONS/CHANGES TO OFF	Durpose of changing its registered ept the appointment as registered DATE ICERS AND DIRECTORS IN 12
office or i agent. I <i>e</i> SIGNATURE	registered agent, or both, in the S am familiar with, and accopt the o Signature, typod or printed name of registere OFFICERS WILSON, DALE R.	State of filorida, Such change wa bbligations of, Section 607,0505, of egent and tile if epplicable (N	Iules, the above-named c s authorized by the corpo Florida Statutes.	orporation submits this statement for the ration's board of directors. Thereby acc quires when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12 Change Addition
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT	State of Florida, Such change wa biligations of, Section 607.0505, of agon and tile if application (N S AND DIRECTORS	Ulos, the above-named c s authorized by the corpo Florida Statutes. 01L Tregistered Agent signature re 13. 1.1 IIILE 1.2 NAME 1.8 STREET ADORESS	orporation submits this statement for the ration's board of directors. Thereby acc ourse when reinstating) ADDITIONS/CHANGES TO OFF D NILSON, DALE R JASK 5, Semarcon Fou	DATE ICERS AND DIRECTORS IN 12 CASE CONS RCL
office or a agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the S am familiar with, and accopt the o Signature, typod or printed name of registere OFFICERS WILSON, DALE R.	State of Florida, Such change wa biligations of, Section 607.0505, of agon and tile if application (N S AND DIRECTORS	Ulos, the above-named c s authorized by the corpo Florida Statutes. (IL: Registered Agent signature re 13. 11 INLE 12 NAME 1.8 STREET ADDRESS	orporation submits this statement for the ration's board of directors. Thereby acc ource when reinstating) ADDITIONS/CHANGES TO OFF D NILSON, DALE R 4385, Semoran Fait	Durpose of changing its registered ept the appointment as registered DATE ICERS AND DIRECTORS IN 12 Change Addition
office or agent. I & SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL D WILSON, DEBRA	State of Florida. Such change was bligations of, Section 607.0505. diagon and the it application (N S AND DIRECTORS	Ulos, the above-named c s authorized by the corpo Florida Statutes. (IL: Registered Agent signature re 13. 11 INLE 12 NAME 1.8 STREET ADDRESS	orporation submits this statement for the ration's board of directors. Thereby acc ource when reinstating) ADDITIONS/CHANGES TO OFF D NILSON, DALE R 4385, Semoran Fait	Durpose of changing its registered ept the appointment as registered DATE ICERS AND DIRECTORS IN 12 Change Addition
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL D WILSON, DEBRA 2563 SHADE TREE CT	State of Florida. Such change was bligations of, Section 607.0505. diagon and the it application (N S AND DIRECTORS	UIOS, the above-named c s authorized by the corpor Florida Statutes. (011 Registered Agent signature re 13. 1.1 INLE 1.2 NAME 1.8 STREET ADORESS 1.4 CHY-ST-2IP 2.4 URLE 2.8 NAME 2.3 STREET ADORESS	orporation submits this statement for the ration's board of directors. Thereby acc ADDITIONS/CHANGES TO OFF D NILSON, DALE R 1385 Semoran Fai XISSIMMEE, FL 34 DI ISON, DEBRA 1385 Semoran Far	DATE ICERS AND DIRECTORS IN 12 ICERS AND DIREC
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL D WILSON, DEBRA	State of Florida. Such change was bligations of, Section 607.0505. diagon and the it application (N S AND DIRECTORS	UIOS, the above-named c s authorized by the corpor Florida Statutes. (011 Registered Agent signature re 13. 1.1 INLE 1.2 NAME 1.8 STREET ADORESS 1.4 CHY-ST-2IP 2.4 URLE 2.8 NAME 2.3 STREET ADORESS	orporation submits this statement for the ration's board of directors. Thereby acc ource when reinstating) ADDITIONS/CHANGES TO OFF D NILSON, DALE R 4385, Semoran Fait	DATE ICERS AND DIRECTORS IN 12 ICERS AND DIREC
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL D WILSON, DEBRA 2563 SHADE TREE CT	State of Florida. Such change was obligations of, Section 607.0505, degen and the Itapylecture (N S AND DIRECTORS	IUIOS, the above-named c s authorized by the corpo Florida Statutes. OTL: fregistered Agent signature re 13. 11 IIILE 12 NAME 1.8 STREET ADDRESS 14 CITY- ST-7IP 2.1 IIILE 2.8 NAME 2.3 STREET ADDRESS 2.4 CITY- ST-7IP	orporation submits this statement for the ration's board of directors. Thereby acc ADDITIONS/CHANGES TO OFF D NILSON, DALE R 1385 Semoran Fai XISSIMMEE, FL 34 DI ISON, DEBRA 1385 Semoran Far	purpose of changing its registered ept the appointment as registered DATE ICERS AND DIRECTORS IN 12 Change Addition MS Rd THU SChange Addition MS Rd 34744
office or agent. Le agent. Le SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL D WILSON, DEBRA 2563 SHADE TREE CT	State of Florida. Such change was obligations of, Section 607.0505, degen and the Itapylecture (N S AND DIRECTORS	UIOS, the above-named c s authorized by the corpor Florida Statutes. (III: Registered Agent signature re 13. 1.1 III.LE 1.2 NAME 1.8 STREET ADORESS 1.4 CITY-ST-7IP 2.1 III.LE 2.8 NAME 2.3 STREET ADORESS 2.4 CITY-ST-7IP 3.1 III.LE 3.2 NAME 3.3 STREET ADDRESS	orporation submits this statement for the ration's board of directors. Thereby acc ADDITIONS/CHANGES TO OFF D NILSON, DALE R 1385 Semoran Fai XISSIMMEE, FL 34 DI ISON, DEBRA 1385 Semoran Far	purpose of changing its registered ept the appointment as registered DATE ICERS AND DIRECTORS IN 12 Change Addition MS Rd THU SChange Addition MS Rd 34744
office or agent. Le agent. Le SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL D WILSON, DEBRA 2563 SHADE TREE CT	State of Florida. Such change was obligations of, Section 607.0505, degen and the Itapylecture (N S AND DIRECTORS	UIOS, the above-named c s authorized by the corpor Florida Statutes. (11. Tregistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.8 STREET ADORESS 1.4 CITY-ST-7IP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-7IP 3.1 TITLE 3.2 NAME	orporation submits this statement for the ration's board of directors. Thereby acc ADDITIONS/CHANGES TO OFF D NILSON, DALE R 1385 Semoran Fai XISSIMMEE, FL 34 DI ISON, DEBRA 1385 Semoran Far	purpose of changing its registered ept the appointment as registered DATE ICERS AND DIRECTORS IN 12 Change Addition MS Rd THU SChange Addition MS Rd 34744
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL D WILSON, DEBRA 2563 SHADE TREE CT	State of Florida. Such change was bligations of, Section 607.0505. degen and the it equicable (N S AND DIRECTORS DELETE DELETE DELETE	UIOS, the above-named c s authorized by the corpor Florida Statutes. (7)L Tregistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.8 STREET ADDRESS 1.4 CITY-ST-7/P 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-7/P 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-7/P	orporation submits this statement for the ration's board of directors. Thereby acc ADDITIONS/CHANGES TO OFF D NILSON, DALE R 1385 Semoran Fai XISSIMMEE, FL 34 DI ISON, DEBRA 1385 Semoran Far	DATE ICERS AND DIRECTORS IN 12 CATE ICERS AND DIRECTORS IN 12 Change Addition MSRd THU SRd 34744 Change Addition Addition Addition Addition Addition Addition
office or agent. Le agent. Le SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL D WILSON, DEBRA 2563 SHADE TREE CT	State of Florida. Such change was bligations of, Section 607.0505. degen and the it equicable (N S AND DIRECTORS DELETE DELETE DELETE	UIOS, the above-named c s authorized by the corpor- Florida Statutes. (1) Tregistered Agent signature re 13. 11 TITLE 12 NAME 1.8 STREET ADDRESS 1.4 CITY-ST-7IP 2.4 TITLE 2.8 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-7IP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-7IP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	orporation submits this statement for the ration's board of directors. Thereby acc ADDITIONS/CHANGES TO OFF D NILSON, DALE R 1385 Semoran Fai XISSIMMEE, FL 34 DI ISON, DEBRA 1385 Semoran Far	DATE ICERS AND DIRECTORS IN 12 CATE ICERS AND DIRECTORS IN 12 Change Addition MSRd THU SRd 34744 Change Addition Addition Addition Addition Addition Addition
office or agent. Le agent. Le SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL D WILSON, DEBRA 2563 SHADE TREE CT	State of Florida. Such change was bligations of, Section 607.0505. degen and the it equicable (N S AND DIRECTORS DELETE DELETE DELETE	UILOS, the above-named c s authorized by the corpor Florida Statutes. (1) Tregistered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.8 STREET ADDRESS 1.4 CITY-ST-7IP 2.4 TITLE 2.8 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-7IP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-7IP 4.1 TITLE 4.2 NAME	orporation submits this statement for the ration's board of directors. Thereby acc ADDITIONS/CHANGES TO OFF D NILSON, DALE R 1385 Semoran Fai XISSIMMEE, FL 34 DI ISON, DEBRA 1385 Semoran Far	DATE ICERS AND DIRECTORS IN 12 CATE ICERS AND DIRECTORS IN 12 Change Addition MSRd THU SRd 34744 Change Addition Addition Addition Addition Addition Addition
office or agent. Le agent. Le SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL D WILSON, DEBRA 2563 SHADE TREE CT	State of Florida. Such change was bligations of, Section 607.0505. degen: and the it equication (N S AND DIRECTORS DELETE DELETE DELETE DELETE	UNOS, the above-named c s authorized by the corpor- Florida Statutes. (1) Tregistered Agent signature re 13. 1.1 TILLE 1.2 NAME 1.8 STREET ADDRESS 1.4 CITY-ST-7IP 2.4 TILLE 2.8 STREET ADDRESS 2.4 CITY-ST-7IP 3.1 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 DITY-ST-7IP 4.1 TILLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-7IP	orporation submits this statement for the ration's board of directors. Thereby acc ADDITIONS/CHANGES TO OFF D NILSON, DALE R 1385 Semoran Fai XISSIMMEE, FL 34 DI ISON, DEBRA 1385 Semoran Far	DATE DATE ICERS AND DIRECTORS IN 12 CRS AND DIRECTORS IN 12 Change Addition Addition Addition MSRd 34744 Change Addition Change Addition
office or a agent. Le SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL D WILSON, DEBRA 2563 SHADE TREE CT	State of Florida. Such change was bligations of, Section 607.0505. degen: and the it equication (N S AND DIRECTORS DELETE DELETE DELETE DELETE	UIOS, the above-named c s authorized by the corpo Florida Statutes. (11 Tregistered Agent signature re 13. 11 TITLE 12 NAME 1.8 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.8 NAME 2.8 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	orporation submits this statement for the ration's board of directors. Thereby acc ADDITIONS/CHANGES TO OFF D NILSON, DALE R 1385 Semoran Fai XISSIMMEE, FL 34 DI ISON, DEBRA 1385 Semoran Far	DATE DATE ICERS AND DIRECTORS IN 12 CRS AND DIRECTORS IN 12 Change Addition Addition Addition MSRd 34744 Change Addition Change Addition
office or a agent. Le SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL D WILSON, DEBRA 2563 SHADE TREE CT	State of Florida. Such change was bligations of, Section 607.0505. degen: and the it equication (N S AND DIRECTORS DELETE DELETE DELETE DELETE	UIOS, the above-named c s authorized by the corpor Florida Statutes. (11 Tregistered Agent signature to 13. 11 THLE 12 NAME 1.8 STREET ADDRESS 1.4 CHY-ST-ZIP 2.4 CHY-ST-ZIP 3.1 THLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 THLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 THLE 5.2 NAME	orporation submits this statement for the ration's board of directors. Thereby acc ADDITIONS/CHANGES TO OFF D NILSON, DALE R 1385 Semoran Fai XISSIMMEE, FL 34 DI ISON, DEBRA 1385 Semoran Far	DATE DATE ICERS AND DIRECTORS IN 12 CRS AND DIRECTORS IN 12 Change Addition Addition Addition MSRd 34744 Change Addition Change Addition
office or a agent. I a SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL D WILSON, DEBRA 2563 SHADE TREE CT	State of Florida. Such change was obligations of, Section 607.0505. S AND DIRECTORS DELETE DELETE DELETE DELETE	UIOS, the above-named c s authorized by the corpor Florida Statutes. (11 Tregistered Agent signature to 13. 11 TITLE 12 NAME 1.8 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP	orporation submits this statement for the ration's board of directors. Thereby acc ADDITIONS/CHANGES TO OFF D NILSON, DALE R 1385 Semoran Fai XISSIMMEE, FL 34 DI ISON, DEBRA 1385 Semoran Far	purpose of changing its registered ept the appointment as registered DATE ICERS AND DIRECTORS IN 12 W Change Addition Addition Addition Change Addition Change Addition
office or a agent. Le SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	registered agent, or both, in the S am familiar with, and accept the o Signature, typed or printed name of registere OFFICERS WILSON, DALE R. 2563 SHADE TREE CT KISSIMMEE FL D WILSON, DEBRA 2563 SHADE TREE CT	State of Florida. Such change was obligations of, Section 607.0505. S AND DIRECTORS DELETE DELETE DELETE DELETE	UIOS, the above-named c s authorized by the corpor Florida Statutes. (11 Tregistered Agent signature to 13. 11 IIILE 12 NAME 1.8 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 IIILE 2.8 NAME 2.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 IIILE 4.2 NAME 4.3 STREET ADDRESS 3.4 CHY-ST-ZIP 5.1 TILE 5.2 NAME 5.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TILE	orporation submits this statement for the ration's board of directors. Thereby acc ADDITIONS/CHANGES TO OFF D NILSON, DALE R 1385 Semoran Fai XISSIMMEE, FL 34 DI ISON, DEBRA 1385 Semoran Far	purpose of changing its registered ept the appointment as registered DATE ICERS AND DIRECTORS IN 12 W Change Addition Addition Addition Change Addition Change Addition