Subo ApJ. #, etc     Subt. ApJ. #, etc     Subt. ApJ. #, etc       27     City & State     5. Certificate of State Desired     \$1.75 Additional Fee Required       27     City & State     6. Election Campaign Financing     \$5.00 May be Added to Fase       20     2/0     30     Financing     \$5.00 May be Added to Fase       20     2/1     30     Financing     \$5.00 May be Added to Fase       20     30     Financing     \$1.00 May be Added to Fase       1401 WEST FAIRDAMKS AVENUE WINTER PARK FL 32789     61     Name and Address of Name Registered Agent       1401 WEST FAIRDAMKS AVENUE WINTER PARK FL 32789     61     Name and Address of Name Registered Agent       1401 WEST FAIRDAMKS AVENUE WINTER PARK FL 32789     61     Name and Address of Name Registered Agent       1401 WEST FAIRDAMS AVENUE WINTER PARK FL 32789     61     Name and Address of Name Registered Agent       12     City Grave and accept the object of the	COF ANNU	PROFIT RPORATION UAL REPORT <b>1997</b>		Sandra Secret	ARTMENT OF STATE <b>B. Mortham</b> tary of State CORPORATIONS	Jan 09 1	TLED 1997 8:0 ary of S	
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S. Name and Address of Current Registered Agent     LEFEVRE, DANIEL J.     Lefevre, DANIEL J.     Sirest Address (P.O. Box Number is Not Acceptable)     Sirest Address (P.O. Sirest Address (P.O. Box Number is Not Acceptable)	Ζφ		·	p				199.032
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I do hereby certily that the information supplied with this filing 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 supplementar annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; t i am an officer or director of the corporation or the received or twistee 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 atypic of with an address.	agent 1 a           agent 1 a           agent 1 a           GNATURE.           L           LE           ME           REET ADDRESS           Y-ST-ZIP           LE           ME           LEET ADDRESS           Y-ST-ZIP           LE           ME           REET	D EFFEVRE, DANIEL J. 1491 W. FAIRBANKS AV	ie state of Florida ie obligations of, Se elerd agent aid the Tari RS AND DIRECTO	Such change was ection 607.0505, F Pricable (NC PRS DELETE DELETE DELETE DELETE	Ites, the above-named con- authorized by the corpore forida Statutes. Ite: Registered Agent signature reo- <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 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 3.4. CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP 6.1 TITLE 6.2 NAME	ulied when reinstating)	FL         e purpose of changing if         cept the appointment as         DATE         FICERS AND DIRECTOF         Change         Change         Change         Change         Change         Change         Change         Change	IS registered registered IS IN 12 Addition Addition