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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

T. Comporate	MENT # V3444(LEY - HART, INC.	ŝ (7)			:					
Principal Place of Business ** KATHLEEN HENSLER 1375 HIBISCUS AVE.		Mailing Address * KATHLEEN HENSLER 1375 HBISCUS AVE.				ANDRA SIKI BIDI DIBI DIBI DI	610H #15H	HI 91414 611	III OABII HOO	
WINTER PARK	FL 32789	WINTER PARK FL 3278	P-1611			j.	ncorporated or Qualified	,	e of Lest 9/1996	•
2. Principal F 21	Place of Business	2a. Mailing Address 26				4. FEI NI				Applied For Not Applicable
Suite, Apt.	H, etc	Suite, Apt. #, etc.				7	cate of Status Desired			Additional Required
Oity & Star 23	le	City & State					n Campaign Financing Fund Contribution			O May Be d to Fees
71p [24]	Country 25	Zip 29	30 Cou	intry		Florida		Yes [No .	s. 199.032,
	9. Name and Address of Curre	ent Registered Agent	·	81	Name	10. Name	and Address of New Ro	egistered A	gent	
,	5 Hibiscus Ave. Iter Park FL 32789		!	82 83 84	Street Add	Iress (P.O. Bo	x Number is Not Accepta	ble)	85 Zi	p Code
11. Pursuant office or agent 1.	to the provisions of Sections 607.05 reg stered agent, or both, in the Stat am familiar with, and accept the obli	602 and 607.1508, Florida Sta te of Florida. Such change wa gations of, Section 607.0505,	tutes, the al as authorize Florida Sta	bove d by lutes	e-named cor the corpora s.	poration subm ation's board o	nits this statement for the fidirectors. I hereby acce	purpose of opt the appo	changing intment a	its registered as registered
SIGNATURE	Slip ahere, typed or printed name of registered a	gent and tille it applicable (*	NOTE: Registere	d Age	ent signature requ	ired when reinstatin	9 1	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITI	ONS/CHANGES TO OFFI	CERS AND	DIRECTO	ORS IN 12
NAME STHELL ADDRESS	D HENSLER, KATHLEEN M. 1375 HIBISCUS AVE.	DELETE	1.1 TI 1.2 N	AME	ADDRESS				Change	Addition
CITY-ST ZIP	WINTER PARK FL				ST-ZIP					
HILE	***************************************	☐ DELETE	2.1 (***************************************	Change	Addition
NAME			2.2 N	AME	1					
STREET ADDRESS					ADDRESS					
CHY-ST-ZIP		DELETE			ST-ZIP				Change	Addition
TITLE NAME		Pintrele	3.1 TI 3.2 N					1	L. Unange	; L) ACCUROUS
SIREFT ADDRESS					ADDRESS					
CITY-ST-ZIP			1		ST-ZIP					
MU		☐ DELETE	4.1 1						Change	Addition
NAME			4 2 N	IAME						
STREET ADDRESS			4.3 \$1	IREET	ADDRESS					
CHY-SI-ZIP			4.4 C	TY-S	T-ZIP	······································				

CHY-ST-7IP 6.4 CITY-ST-ZIP 14. I do hereby certify 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; 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

51 TITLE

5.2 NAME

61 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

HILE

NAME STREET ADDRESS

STREET ADDRESS

CUTY ST-7:5

DELETE

DELETE

FILED

Apr 18 1997 8:00am

Secretary of State

Change

Change

☐ Addition

___ Addition