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

DOCUMENT # V 35172

FILED

97 OCT 29 PM 5: 13

SECRETARY OF STATE TALLAHASISER, FLORIDA

1							
Flo	ri <mark>da Enviro</mark> nmenta	l Regulation	Speci	alis	sts		
Principal Place of Business Mailing Address							
	Reserve Circle						
	te 101						
Ovie	edo,FL 32765	same			3. Date Incorporated or Qualified 3a. Date of Last Report		
					5/6/92 3/31/97		
2. Principal F	Place of Business	2a, Mailing Address			4. FEI Number Applied For		
21		26			59-3123781 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired \$8.75 Additional Fee Required		
22 City & Stat	le .	City & State					
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Zip	Country		8. This corporation has liability for intangible tax under s. 199 032,			
24	25 Seminole	29	30		Florida Statutes Yes No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
Michael S. Yue			81	Name			
121 Reserve Circle			82	Street A	t Address (P.O. Box Number is Not Acceptable)		
Suite 101			83				
Ovie	edo, FL 32765						
			84	City	FI 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statuti	es, the abov	Le-named c	corporation submits this statement for the purpose of changing its registered		
office or r	registered agent, or both, in the State o im familiar with, and accept the obligat	' Florida. Such change was a ons of Section 607.0505. Flo	Buthorized by orida Statute	y the corpo	poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	and the second						
	Signature typed or punted name of registered agent			ent signature r	raquired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PS AChange Addition		
TITLE NAME	}	□ Millit	1 1 TITLE 1.2 NAME	- 1	PS		
STREET ADDRESS	YUE, MICHAEL S.		1.3 STREET	ADDRESS	121 Reserve Circle, #101		
CITY-ST-ZIP	121 Reserve Cir	CIC, #101	1.4 CITY - 9		Oviedo, FL		
TITLE	Oviedo, FL	X DELETE	21 1111	···	VP Change Kaddition		
NAME	BOIK, MARY M		2.2 NAME		BOIK, RICHARD S.		
STREET ADDRESS	2029 Heatheroak	D	2.3 STREET	ADDRESS	2029 Heatheroak Dr.		
CITY-ST-ZIP			2 4 CHTY-	S1 - ZIP	Apopka, FL		
TOLE	Apopka, FL	☐ DELETE	3 1 TITLE		Change Addition		
N ME	_	м	3.2 NAME				
STREET ADDRESS	HOFFER, RONALD 121 Reserve Cir	cie, #101	3.3 STR(()				
TITLE	Oviedo, FL	DELETE	3.4 City - :	51 - ZIP	2000023380426		
NAME			4.1 THE	- 1	-11/04/9701083018		
STREET ADDRESS			4.3 STREET	ADDRESS	*****70.00 *****70.00		
CITY-ST-ZIP			4.4 CITY - S	,			
TITLE		DELETE	5111111		Change Addition		
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CHY - S	ST - ZIP			
TITLE		DELETE	6.11074	}	Change Addition		
NAME			6.2 NAME		90 21-00		
STREET ADDRESS			6.3 STREET	ADDRESS	1.01.00		

14. I do hereby certify that the information supplied with this filing does not qual fy 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 if made under early that 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.

SIGNATURE:

COLOR S. BILL GONE OF SIGNING OFFICER OF DIRECTOR

0/4/92 407-886-3"

CR2E034 (9/9