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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V38219

(4)

FILED Apr 14 1997 8:00am Secretary of State

Principal Pia	ATIVE MANAGEMENT SERVIO	Mailing Address				
825 TOWERING OAK WAY APOPKA FL 32712		825 TOWERING OAK WAY Apopka Fl 32712-3238				
				 Date Incorporated or Qualifie 05/21/1992 	3a. Date of Last 03/29/1996	•
2. Princ pal	Place of Business	2a. Mailing Address		4. FEI Number 57 - 3/	1/800	Applied For
1		26		APPLIED FOR		Not Applicable
Suite Apt	; #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	T	Additional Required
City & Sta	100	City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution		U May tee d to Fees
Zip	Country	Zip	Country	8. This corporation has liability	for intangible tax under	s. 199.032,
24	25	29	30	Florida Statutes	Yes No	<u></u>
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New	Registered Agent	
	NZALES, JACK		81 Name			
825 TOWERING OAK WAY			82 Street Add	tress (P.O. Box Number is Not Accep	otable)	
AP	OPKA FL 32703		83			
			84 City		FL 65 Zip	o Code
agent. t	am familiar with, and account the obliga	ations of Section 607.0505. F	lorida Statutes.			•
SIGNATURE	Signature Typed or printed name of registered age	er Ord title if applicable. (NC	DIE Registered Agent signature requ		DATE	<u></u>
SIGNATURE	Standard Typed or pointer owne of inquistred age OFFICERS AN		DIE Registered Agent signature requ	**************************************	DATE	ORS IN 12
SIGNATURE	Signature typed or purific name of injustated age OFFICERS AN	D DIRECTORS	DIE Registered Agent signature requ	uired when e-natating)	DATE FICERS AND DIRECTO	ORS IN 12
SIGNATURE 12. TILLE	OFFICERS AND GONZALES, JACK	D DIRECTORS	TIE Repistered Agent signature required. 13. 1.1 TITLE	uired when e-natating)	DATE FICERS AND DIRECTO	ORS IN 12
SIGNATURE 12. THEE NAME	OFFICERS AND OF	or Ord side if applicable. (NC D DIRECTORS DELETE	TE Registred Agent signature requirements 13. 1.1 TITLE 1.2 NAME	uired when e-natating)	DATE FICERS AND DIRECTO	DRS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND OFFICERS AND OGONZALES, JACK 825 TOWERING OAK WAY APOPKA FL D	D DIRECTORS	TE Repsylved Agent signature requirements 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when e-natating)	DATE FICERS AND DIRECTO	DRS IN 12
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SIGNATURE 12. TILE NAME SIBERT ADDRESS CITY-ST-ZIP TILE NAME	OFFICERS AND OFFICERS AND OFFICERS AND OGONZALES, JACK 825 TOWERING OAK WAY APOPKA FL D GONZALES, SHARON	or Ord side if applicable. (NC D DIRECTORS DELETE	TE Registred Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	uired when e-natating)	DATE FICERS AND DIRECTO	DRS IN 12 Addition
SIGNATURE 12. 10.6 NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	OFFICERS AND OFFICERS AND OFFICERS AND OGONZALES, JACK 825 TOWERING OAK WAY APOPKA FL D GONZALES, SHARON 825 TOWERING OAK WAY	or Ard side if applicable (NC D DIRECTORS DELETE DELETE	TE Registred Agent signature required 13. 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	uired when e-natating)	DATE FICERS AND DIRECTO Change	DRS IN 12 Addition
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SIGNATURE 12. TIDE NAME STREET ADDRESS CITY-ST-ZIP TIDE NAME STREET ADDRESS	OFFICERS ANI O GONZALES, JACK 825 TOWERING OAK WAY APOPKA FL D GONZALES, SHARON 825 TOWERING OAK WAY APOPKA FL	D DIRECTORS DELETE DELETE DELETE	TIE Repsyled Agent signature required in the	uired when e-natating)	DATE FICERS AND DIRECTO Change Change	ORS IN 12 Addition Addition Addition
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3), 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 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 appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/7/97 407/084.771/