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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V41273

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May 09	1997	8:00am
Secreta	ary of	State

Principa! Plat 481 W OAK S STE A KISSIMMEE FI	IVESTMENTS, INC.	Mailing Address 481 W OAK STR STE A KISSIMMEE FL 34741-86	324				
		US		3. Date Incorporated or Qualified 06/04/1992	1	3a. Date of Last Report 05/01/1996	
	Place of Business	2a. Mailing Address		4. FEI Number 59-3 126635		Applied For Not Applicable	
Suite, Apl	t#, etc	26 Suite, Apt. #, etc.		Certificate of Status Desired		.75 Additional	
22 City & Sta	ate	City & State		6. Election Campaign Financing		ee Required	
23		28		Trust Fund Contribution		5.00 May Be dded to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	intangible tax ur ☐ Yes ☐ No	nder s. 199.032,	
	9. Name and Address of Cur		1007	10. Name and Address of New Re			
461 STI	NALES, ANGELO 1 W OAK STR E A SSIMMEE FL 34741		82 Street Ac	ddress (P.O. Box Number is Not Acceptat	FL 85	Zip Code	
11. Pursuan	nt to the provisions of Sections 607.	0502 and 607.1508, Florida Sta	tutes, the above-named c	ornoration cultynite this statement for the r		ging its registered	
office or agent. I SIGNATURE			as authorized by the corpo Florida Statutes. NOTE Registered Agent signature re	orporation submits this statement for the pration's board of directors. I hereby acception when renstating)	pt the appointme	ent as registered	
SIGNATURE	Signature, typed or printed name of registerer	d agent and title if applicable. (h	NOTE: Registered Agent signature re		DATE CERS AND DIRE	CTORS IN 12	
SIGNATURE 12. TILLE NAME	Signature, typed or printed name of registeres OFFICERS D CHAPPEL, CHRISTOPHER I	d agent and title if applicable. (F AND DIRECTORS DELETE	NOTE: Registered Agent signature re	quired when reinstating)	DATE	CTORS IN 12	
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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)(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 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 changed, or on an appear of the properties of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporatio

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #

THE PRIORIE #