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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED
May 01 1997 8:00am
Secretary of State

		Mailing Address 4270 ALOMA AVE STE 124-65B WINTER PARK FL 327	782- 81 24	***************************************					
US		US			3. Date Incorporated or Qualified 3s. Date of Last Report			Report	
2 Denoinal C	Piace of Business	2a. Mailing Address		·	06/09/1992 4. FEI Number	04/24			
ii emiloipari }	riace of business	26. Mailing Address			59-3149122			Applied For Not Applicable	
Suite, Apt	t #, etc.	Suite, Apt. #, etc.				0 8		Additional	
		27			5. Certificate of Status Desired		Fee R	equired	
City & Sta	ite	City & State			6. Election Campaign Financing	C-1		May Be	
Zip	Country	28 Zip	Coun	teur	Trust Fund Contribution			to Fees	
Zψ	25	29	30	uy	8. This corporation has liability for Florida Statutes	intangible tax ☐ Yes ☐ t		s. 1 9 9.032,	
	9. Name and Address of Curre		1301		10. Name and Address of New Re			·	
DU	JLIOKI, JOHN A.		ŧ	Name					
	70 ALOMA AVENUE #124		8	Street Add	dress (P.O. Box Number is Not Acceptal	hle)			
	NTE 65B								
W	NTER PARK FL 32792)*	33]					
			ē	34 City		[5 Zip	Code	
		65 1007 1500 F() 6		<u> </u>		FL (<u> </u>		
accont la	any familiar with, and accept the oblid	e of Florida, Such change w nations of Section 607 0505	vas authorized	ove-named cor by the corpora tes	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of chi pt the appoint	tment as	registered	
SNATURE.	Signative it paid or printed name of registered ag				rporation submits this statement for the ation's board of directors. I hereby acceured when reinstating; ADDITIONS/CHANGES TO OFFICE	DATE			
GNATURE.	Signative it paid or printed name of registered ag	gent and title if applicable.	(NOTE: Registered A	Agent argnature requ	ured when reinstating)	DATE CERS AND DI		RS IN 12	
gnature. 2.	Signature appeal or printed name of registered ago OFFICERS AN	gent and title if applicable.	(NOTE: Registered A	Agent argressure requ	ured when reinstating)	DATE CERS AND DI	RECTO	RS IN 12	
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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 oal tam 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.

407-677-1310