## 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 # V50793

(1)

SCHAFER, MITCHELL & SHERIDAN, P.A.

Principal Place of Business		Mailing Address					]
200 E ROBINSON ST STE 700 ORLANDO FL 32801 US		200 E ROBINSON ST STE 700 ROLANDO FL 32801-1958 US			3. Date Incorporated or Qualified		
2. Principal Pi	ace of Business	2a. Mailing Address					4. FEI Number Applied For
21		26					<b>59-3133316</b> Not Applicable
Suite, Apt	⊭, etc.	Suite, Apt. #, etc.	<u>.</u>	*		·	Certificate of Status Desired
City & State		City & State					6. Election Campaign Financing \$5.00 May Be
23		28	·				Trust Fund Contribution Added to Fees
Zip	Country	Ζφ	Cou	ntry	,		8. This corporation has liability for intangible tax under s. 199.032,
24							Florida Statutes Yes No
9. Name and Address of Current Registered Agent				81	Name		10. Name and Address of New Registered Agent
	HELL, JOSEPH P.		ļ				
_	HURON TRAIL			82	Street	Addre	ss (P.O. Box Number is Not Acceptable)
MAUI	ILAND FL 32751		ŀ	83			
1			1	اب			
				84	City		FL 85 Zip Code
office or n agent 1 a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig.	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized orida Stati	d by utes	the cor s.	poratio	ration submits this statement for the purpose of changing its registered h's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or printed name of registered age OFFICERS AN		Registered	i Age	nt signatur	e required	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
Till	VPD OFFICERS AND	DELETE	1.1 (0)	n F		T	Change L Addition
NAME	MITCHELL, JOSEPH P.		1.2 NA			1	
STREET ADDRESS	2307 HURON TRAIL				ADDRESS		
CITY-S1-7IP	MAITLAND FL		1.4 Cit			(	
THLE	VSD	☐ DELETE	2.1 117			1	Change Addition
NAME	SCHAFER, MICHAEL R.		2.2 NA	ME			
STREET ADDRESS	816 SWEETWATER ISLAND CI	RCLE	2.3 ST	REET	<b>ADDRESS</b>		
CITY ST-ZIP	LOGNWOOD FL		2 4 01	17-5	ST - 7:1P	$\Box$	
TITLE	STD	DELETE	3.1 TIT			]	Change Addition
NAME	SHERIDAN, STPEHN J		3.2 NA				
STREET ADDRESS	16 EHATHER GREEN CT				address		
City-St-70°	OCOEE FL	T DELETE			ST-ZIP	<del>                                     </del>	Change Addition
TILLE		☐ nere ie	4.1 7)7				LI Change LI Adollion
NAME CINCIL ADDUCCE			4.2 N		ADDRESS		•
STREET ADDRESS			4.3 ST				
CITY - ST - ZIP TITLE		DELETE	5.1 Tit	_	11-711-	╀╌┤	Change Addition
NAME			5.2 NA		:		
STREET AUDRESS					ADDRESS	1	}

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 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 attachment with an address.

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

SIGNATURE:

TOLE NAME

STREET ADDRESS

City-St-ZiP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATOR OFFICER OR DIRECTOR

DELETE

3-28-97

407-839-3330

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**FILED** 

Apr 02 1997 8:00am

Secretary of State

R2E034 (9/96)