## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name V57411

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Secretary of State	

S, RE	EGENIA HU	INTZICKER, P.A.								
Principal Pla	ace of Busines	is	Ma	iling Address				1 10011 011001 31111 1001 1001 1101	31811 31811 81811 31811 31	iii <b>311</b> 11 1 <b>11</b> 1
7332 PINEMOUNT 7332 PINEMOUNT ORLANDO FL 32819										
			_					DO NOT WRITE		
								3. Date incorporated or Qualified	3a. Date of Last F	•
- B	(5)			4.0				08/10/1992	L08/08/,1996	
2. Principal Place of Business			}— <u>-</u> -	2a. Mailing Address				4. FEI Number	<del></del>	oplied For
21 Suita Ar	nt # 610		26	Suite Ant # eta				59-3135535   Not Applicable   \$8.75 Additional		
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			<del></del>	5. Certificate of Status Desired		Additional equired
City & State			$\vdash$	City & Stato				6. Election Campaign Financing		May Be
23		T	28	28			Trust Fund Contribution		to Fees	
Zip		Country		Zip	Country		!	8. This corporation owes or has paid		tangible ] No
24	o Name	25 and Address of Curr	29 ent Begist	ered Agent	30	1		Personal Property Tax due June 3  10. Name and Address of New Reg		
				orod rigon.		81	Name	10. 110.110 0110 1100	iotorou rigorit	
		, S. REGENIA			!	Ш				
	7332 PINEMO					82	Street Addr	ess (P.O. Box Number is Not Acceptabl	e)	
•	orlando fi	. 32818				83				
						84	City		FL 85 Zip	Code
		sions of Sections 607.0 gent, or both, in the Sta hith, and accept the obl	502 and 60 te of Floric igations of	07.1508, Florida Statu la. Such change was , Section 607.0505, Fl	tes, the a authorize orida Stai	bove d by lutes	e-named corp the corporations.	oration submits this statement for the puion's board of directors, I hereby accept	rpose of changing i the appointment as	ts registered registered
SIGNATUR	E Signature, Iypoi	d or printed name of registered a	igent and title	if applicable (NO)	E Registere	d Age	ent signature require	ed when reinstating)	DATE	
12.		OFFICERS A	ND DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TITLE	D			DELETE	1.1 T(	TLE			Change	☐ Addition
NAME		icker, S. Regenia			. 1.2 N	AME				
STREET ADDRESS 7332 PINEMOUNT			1.3 STF		TREET	ADDRESS				
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NAME	1				2.2 N		İ			<b>,</b>
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NAME					6.2 N	AME			_	1
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CITY-ST-ZIP							IT-ZIP			ŀ
			ad with th	(- f(t)				Lin Section 119 07(3VI) Florida Statutos	I for the second for the se	41-4

I do hereby certify that the information supplied with this filling 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.