## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 02 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # V64885 (9)								
	STEMS CENTRAL FLORIDA I	• •						
Principal Plac	ce of Business	Mailing Address	Mailing Address			OLON DIEN ENEM EN		
780 CHERRY STREET SUITE ONE WINTER PARK FL 32789		P.O. BOX 1808 WINTER PARK, FL 32790-1806						
U8					3. Date Incorporated or Qualified	3a. Date of I		port
2. Principal Place of Business 2a. Mailing Address					<b>09/17/1992 4.</b> FEI Number	⊥ <u>05/01/1</u> 9		plied For
21					59-3142435			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	1 1 '		dditional
City & Stat	le	City & State			& Floating Compains Financia		ee Red	·
23		28		Election Campaign Financing     Trust Fund Contribution		<b>5.00</b> ( dded to	May Be o Fees	
Zip Country Zip 24 25 29		<b>⊢</b>	Country  8. This corporation has liability for intangible Florida Statutes  Yes		njangible tax ur			
9. Name and Address of Current Registered Agent					10. Name and Address of New Re			
TOBIN, JOHN MICHAEL				Name				
1307 SOUTH EOLA DRIVE			82	Street Ad	of Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32806			83		· · · · · · · · · · · · · · · · · · ·			
			03					
			84	City		FL 85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above	e-named co	rporation submits this statement for the p	urpose of chan-	ging its	registered
agent. I a	am familiar with, and accept the obliga	or Florida. Such change was au dions of, Section 607.0505, Flori	da Statutos	y the corpor s.	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appointme	erit as r	egistered
SIGNATURE	Signature, typed or printed name of registered ager				· · · · · · · · · · · · · · · · · · ·			
12.	OFFICERS AND		13.	mit signature red	ulred when roinslating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRE	CTORS	3 IN 12
TITLE	•		11 10116			☐ Ct	hange	☐ Addition
NAME			1.2 NAME					
STREET ADDRESS	1307 SOUTH EOLA DRIVE ORLANDO FL 32806		13 STREET ADDRESS					
CITY-ST-ZIP TITLE			14 CHY-S	31 - ZIP		CF		Addition
NAME			2.2 NAME				m. go	
STREET ADDRESS	23		2 3 STREET	ADDRESS				
CITY-ST-ZIP			2. # CiTY - \$1 - ZiP					-
TITLE NAME			3 1 TITLE			Մ	nange	Addition
STREET ADDRESS			3.2 NAME 3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY - S					
TITLE	☐ DELETE 4.1T		4.1 TrillE			☐ Ch	ange	Addition
NAME			4. P NAME					
STREET ADDRESS CITY-ST-ZIP	The state of the s		4.3 STREET					
TITLE		DELETE	4.4 CITY - S 5.1 TITLE	1 - ZIP		Ch	nange	Addition
NAME			5.2 NAME			O		
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	1- ZIP				
TITLE			6.1 TITLE			☐ Ch	iange	☐ Addition
NAME STREET ADDRESS			6.2 NAME	ADDRESS				
STREET ADDRESS CITY-ST-ZIP			6.3 STREET					
	by certify that the information supplied	with this filing does not qualify	■ 6.4 CITY S for the exe	mption state	ed in Section 119.07(3)(i), Florida Statutes	I further certif	v that t	he

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 eath; that lam 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 3 if changed, or on an attachment with an address