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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # V67174** 

(5)

## FILED Apr 24 1997 8:00am Secretary of State

		Mailing Address 102 IDYLLWILDE DR SANFORD FL 32771-36	35					
					3. Date Incorporated or Qualified 09/29/1992	,	te of Last I <b>29/1996</b>	Report
····	Place of Business	2a. Mailing Address			4. FEI Number		<u> </u>	pplied For
Suite, Apt	# plc	Suite, Apt. #, etc			59-3130454			lot Applicable Additional
2	,	27			5. Certificate of Status Desired		T	Required
City & Sta	le	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28		<del></del>	Trust Fund Contribution			to Fees
- Ζφ Τη	Country	Zip	Cour	ntry	8. This corporation has liability for			s. 199.032,
24 .	25 9. Name and Address of 0	29 Current Registered Agent	30		Florida Statutes  10. Name and Address of New Re	Yes _		
WILLIAMS, ROBERT				81 Name				
	IDYLLWILDE DR		}	82 Street Add	iress (P.O. Box Number is Not Acceptal	hla)		
SANFORD FL 32771			Į		nose ( 10. per Heribei is Het Nebeptal			
				83				
			}	84 City			85 Zip	Code
						FL		<del></del>
11. Pursuant office or agent 1 a	t to the provisions of Sections 6/ registered agent, or both, in the am familiar with, and accept the	07.0502 and 607.1508, Florida State of Florida State of Florida Such change was obligations of, Section 607.0505,	atutes, the ab as authorized Florida Statu	ove-named corp by the corpora utes.	poration submits this statement for the ation's board of directors. I hereby acce	purpose of pt the app	changing ointment a	its registered s registered
SIGNATURE	Signative hypedic productions of regist OFFICE	fored agent and title it applicable. (I	NOTE Registered	Agent signature requ	poration submits this statement for the stron's board of directors. I hereby accelered when remarking)  ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature species precied caree of regist OFFICE	tered agent and tille it applicable. (I	NOTE Registered	Agent signature requ	ured when reinstating)	DATE		RS IN 12
SIGNATURE  12. TITLE MAME	Styneric yesto proud name of region OFFICES  D WILLIAMS, ROBERT	fored agent and title it applicable. (I	NOTE Registered 13. 1.1 Titl 1.2 NA	Agent signature requi	ured when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE RAME STREET ADDRESS	Styna'r e speci o prind name o' regist OFFICEI  D WILLIAMS, ROBERT 102 IDYLLWILDE DR	fored agent and title it applicable. (I	13. 1.1 TH 1.2 NA 1.3 STF	Agent signature requi	ured when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE  12. TITLE RAME	Styneric yesto proud name of region OFFICES  D WILLIAMS, ROBERT	fored agent and title it applicable. (I	13. 1.1 TH 1.2 NA 1.3 STF	Agent signature requi LE ME REET ADDRESS Y-ST-ZIP	ured when reinstating)	DATE	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE NAME STREET ADDRESS DITY-ST-ZIP	Styna'r e speci o prind name o' regist OFFICEI  D WILLIAMS, ROBERT 102 IDYLLWILDE DR	terrid agent and tille if applicable. (RS AND DIRECTORS DELETE	NOTE Registered 13. 1.1 TH 1.2 NA 1.3 STF	Agent signature required.  LE  ME  REET ADORESS  Y-ST-ZIP  LE	ured when reinstating)	DATE	DIPECTO	RS IN 12
SIGNATURE  12. THE NAME STREET ADDRESS DITY-ST-ZIP THE	Styne 16 1912 do proted name of regist OFFICEI  D WILLIAMS, ROBERT 102 IDYLLWILDE DR SANFORD FL	terrid agent and tille if applicable. (RS AND DIRECTORS DELETE	NOTE Registered 13. 1.1 TH 1.2 NA 1.3 STF 1.4 CH 2.1 TH 2.2 NA	Agent signature required.  LE  ME  REET ADORESS  Y-ST-ZIP  LE	ured when reinstating)	DATE	DIPECTO	RS IN 12
SIGNATURE  12.  TITLE RAME STREET ADDRESS CITY-ST-ZIP EILLE NAME	Styne 16 1912 do proted name of regist OFFICEI  D WILLIAMS, ROBERT 102 IDYLLWILDE DR SANFORD FL	Terrid agent and tille if applicative. (RS AND DIRECTORS DELETE	NOTE Registered 13. 1.1 HT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 STI	Agent signature requirements  ME REET ADORESS Y-ST-ZIP LE ME	ured when reinstating)	DATE	DIRECTO Change	RS IN 12 Addition
SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SINEET ADDRESS CITY-ST-ZIP TITLE	Styne 16 1912 do proted name of regist OFFICEI  D WILLIAMS, ROBERT 102 IDYLLWILDE DR SANFORD FL	terrid agent and tille if applicable. (RS AND DIRECTORS DELETE	NOTE Registered 13. 1.1 HT 1.2 NA: 1.3 STF 1.4 CIT 2.2 NA: 2.3 STI 2.4 CIT 3.1 TIT	Agent signature requirements  ME REET ADDRESS Y-ST-ZIP LE  ME REET ADDRESS IY-ST-ZIP LE	ured when reinstating)	DATE	DIPECTO	RS IN 12 Addition
SIGNATURE  12. TITLE RAME STRELLADDRESS CITY-ST-70P TITLE NAME SIMEELADDRESS CITY-ST-20P TITLE NAME	Styne 16 1912 do proted name of regist OFFICEI  D WILLIAMS, ROBERT 102 IDYLLWILDE DR SANFORD FL	Terrid agent and tille if applicative. (RS AND DIRECTORS DELETE	NOTE Registered 13. 1.1 TH 1.2 NA 1.3 STF 1.4 CIT 2.2 NA 2.3 STF 2.4 CIT 3.1 TH 3.2 NA	Agent signature requirements  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  ME  ME  ME	ured when reinstating)	DATE	DIRECTO Change	RS IN 12 Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Styne 16 1912 do proted name of regist OFFICEI  D WILLIAMS, ROBERT 102 IDYLLWILDE DR SANFORD FL	RS AND DIRECTORS DELETE DELETE	NOTE Registered  13.  1.1 TH  1.2 NA  1.3 STF  1.4 CIT  2.2 NA  2.3 STF  2.4 CIT  3.1 TH  3.2 NA  3.3 STF  3.4 CIT  3.4 CIT  3.5	Agent signature requirements  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP	ured when reinstating)	DATE	DIRECTO Change	RS IN 12 Addition Addition
SIGNATURE  12.  TITLE RAME STREET ADDRESS COTY-ST-ZIP TITLE NAME SINEET ADDRESS COTY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP TITLE TITLE TITLE THE TITLE	Styne 16 1912 do proted name of regist OFFICEI  D WILLIAMS, ROBERT 102 IDYLLWILDE DR SANFORD FL	Terrid agent and tille if applicative. (RS AND DIRECTORS DELETE	NOTE Registered 13. 1.1 HT 1.2 NA 1.3 STF 1.4 CIT 2.2 TIT 2.2 NA 2.3 STF 3.2 NA 3.3 STF 3.4 CIT 4.1 TIT	Agent signature requirements  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS	ured when reinstating)	DATE	DIRECTO Change	RS IN 12 Addition Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAWE  STREET ADDRESS	Styria' is speed to provide name of regist OFFICE!  D WILLIAMS, ROBERT 102 IDYLLWILDE DR SANFORD FL	RS AND DIRECTORS DELETE DELETE	13. 1.1 HT 1.2 NA 1.3 STF 1.4 CIT 2.2 NA 2.3 STF 3.1 TIT 3.2 NA 3.3 STF 3.4 CF 4.1 TIT 4.2 NA 4.3 STF	Agent signature requirements  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  LY-ST-ZIP  LE  ME  REET ADDRESS	ured when reinstating)	DATE	DIRECTO Change	RS IN 12 Addition Addition
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SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICEI  D WILLIAMS, ROBERT 102 IDYLLWILDE DR SANFORD FL	PRS AND DIRECTORS DELETE DELETE DELETE	13. 1.1 HT 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 4.1 TIT 4.2 NA 4.3 STI 4.4 CI 5.1 TIT 5.2 NA 5.3 STI	Agent signature requirements  ME  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  MME  REET ADDRESS  IY-ST-ZIP  LE  MME  ME  ME  ME  ME  ME  ME  ME  M	ured when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICEI  D WILLIAMS, ROBERT 102 IDYLLWILDE DR SANFORD FL	PERS AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 HT 1.2 NA 1.3 STF 1.4 CIT 2.2 TIT 2.2 NA 2.3 STF 3.4 CIT 4.1 TIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NA 5.3 STF 5.4 CIT	Agent signature requirements  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE	ured when reinstating)	DATE	DIRECTO Change Change Change	R\$ IN 12 Addition Addition Addition Addition
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If of 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.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

411647

(407)322-4624