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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V67176

(0)

WILLIAMS & DAWSON, P.A.

Principal Place of Business Mailing Address 200 SOUTH ORANGE AVE. P.O. BOX 1831 ORLANDO FL 32802-1831 SUITE 1220 ORLANDO FL 32801 3a. Date of Last Report 3. Date incorporated or Qualified 09/29/1992 05/14/1996 2a. Mailing Address 2. Principal Place of Business Applied For 26 Not Applicable 21 59-3143047 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WILLIAMS, CHARLES E 200 SOUTH ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) **SUITE 1220** 63 ORLANDO FL 32802-1831 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature typico or printed name of registered agent and little it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition Addition 1.1 TITLE SECRETARY /TREASURER THLE DAWSON, TEFFREY S NAME WILLIAMS, CHARLES E. 1.2 NAME 200 S. ORANGE AVE #1220 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP ORLMOD Edity ST DELETE Addition [] Change 2.1 TITLE 10116 NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST 2. 4 CITY - ST - ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP GITY-ST ZIP Change Addition DELETE THE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-ZIP CiTY - ST - 71F DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

6.4 City-St-ZIP 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 innivial 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 trostee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address. appears in Block 12 or Bio

63 STREET ADDRESS

6.1 TITLE 6.2 NAME

☐ DELETE

SIGNATURE

City - S1 - 7iP

STREET ADDRESS

TILE

HAME

0083837

Change

Addition

FILED

May 06 1997 8:00am

Secretary of State