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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 - 170574

(7)

	BLYD.	` '			
				3. Date Incorporated or Qualified 10/07/1992	3a. Date of Last Report 04/29/1996
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-3145954	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	6	City & State	·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	7 ip	Country 30	This corporation has liability for Florida Statutes	r intangible lax under s. 199.032, ☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New F	
8430	T, WARREN P. 8 MAGGIE BLVD. ANDO FL 32811		83	9190 Sunset Dr	ATT, Esq.
			84 City n	1iani	FL 85 38003
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 agont, 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 seeps no obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature and or printed name of constructed agent and take if a spiceable. (NOTE Registered Agent signature required when refrishating) TATE					
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	D	Change Addition States
NAME	BUTT, WARREN P		1.2 NAME	Stuart b. Cooper	35
STREET ADDRESS	3438 MAGGIE BLVD.		13 STREET ADDRESS	511 NE 94 Street Miami Shores, FL 3	E C
CITY-ST-ZIP	ORLANDO FL 32811		1.4 CITY - S1 - 7/P	Miami Shores, FL 3	3138
TITLE	PIET MANAGEN M	DELETE	2.1 11167		Change Addition C
NAMÉ OZDECE LBODEGO	BUTT, TIMOTHY M 3438 MAGGIE BLVD.		2.2 NAME		
STREET ADDRESS	ORLANDO FL 32811		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	8	DELETE	2. 4 DITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	RYAN, MARGUERITE	_ orten	3.2 NAME		EL CHANGE EL MAGRANT
STREET ADDRESS	3438 MAGGIE BLVD.		3.3 STREET ADDRESS		1
CITY-ST-ZIP	ORLANDO FL 32811		3 4. CITY - ST - ZIP		į.
TITLE		☐ DELF1E	4.1 TITLE		Change Addition
NAME			4. 2 NAME		İ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 Cfty - ST - ZIP		
TITLE	1	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	54 CITY-ST-7IP		Chan-
TITLE		DELETE	6.1 THLE		Change Addition
NAME OTOCCT ADODESO			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		\

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 of supplemental amilia report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, are on an absolute with an address.

SIGNATURE:

and Chile Charlet