FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business

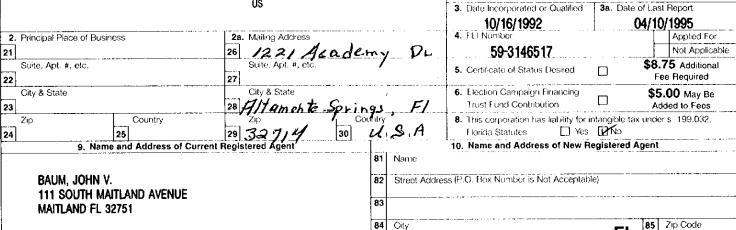
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111 SOUTH MAITLAND AVENUE MAITLAND FL 32751

Mailing Address

16586 SE 57TH PL OCKLAQAHA FL 32179



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submills 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if application. #NOTE: Brightenist Agent is greater, poper of which registered agent is greater, poper of which registered agent is greater, poper of which registered agent is greater.									
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	DELFTE	1 1 TOTLE		Change	☐ Addition			
NAME	BAUM, JOHN V.		1.2 NAME						
STREET ADDRESS	111 S. MAITLAND AVE.		1.3 STREET ADDRESS						
CITY-ST-ZIP	MAITLAND FL	./	1.4 CITY - ST - ZIP						
THLE	Р	BELETE	2 1 113.18	Mervell Hutchins 1221 Academy Pr Albamonte Springs Fl	🔀 Change	☐ Addition			
NAME	KRELL, DAVID		2.2 NAME	Mexical HUTERINS					
STREET ADDRESS	432 S. HUGHEY AVE.		2.3 STREET ADDRESS	1221 Academy Pr					
CITY-ST-ZIP	ORLANDO FL		2 4 CITY - \$1 - ZIP	Altumente Springs Fl					
TITLE	S	DELETE	3. 1 TITLE		Change	☐ Add-tion			
NAME	KRELL, LINDA		3.2 NAME						
STREET ADDRESS	16586 SE 57TH PLACE		3.3 STREET ADDRESS						
CITY - ST - 7IP	OCKLAWAHA FL		3.4.C-TY - ST. ZiF						
TIFLE		☐ DELETE	4. 1 TITLE		Change	☐ Addition			
NAME			4.2 NAME						
STREET ADDRÉSS			4.3 STREET ADDRESS						
CiTY-ST-ZiP			4.4 CHY ST- ZIP						
THTLE		□ DELFTE	5 1 THILE		Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5 4 CITY - S1 - ZIP						
TITLE		☐ DELETE	6 1 TITLE		Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			64 CHY-SL ZIP						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _ /// en

3. 15. 96 (407) 815.7939