
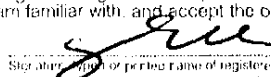
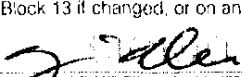


FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V73757 (9)		1. Corporation Name ADVANCE MANAGEMENT OF CENTRAL FLORIDA, INC.	
Principal Place of Business 8700 S ORANGE BLOSSOM TRAIL ORLANDO FL 32809 US		Mailing Address 8700 S ORANGE BLOSSOM TRAIL ORLANDO FL 32809-7912 US	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 25 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent			
WU, CHENG CHAI 8623 SUMMERVILLE PLACE ORLANDO FL 32819		81 Name W 82 Street Address 87 83 84 City Or	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE 		(NOTE: Registered Agent signature required)	
12. OFFICERS AND DIRECTORS			
12.1 TITLE D <input type="checkbox"/> DELETE NAME WU, CHENG CHAI STREET ADDRESS 8623 SUMMERVILLE PL CITY - ST - ZIP ORLANDO FL		13.1 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
12.2 TITLE D <input type="checkbox"/> DELETE NAME WU, SHERRY T. STREET ADDRESS 8623 SUMMERVILLE PL CITY - ST - ZIP ORLANDO FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
12.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
12.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
12.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
12.6 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report 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	



CB2E034 (9/96)