

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

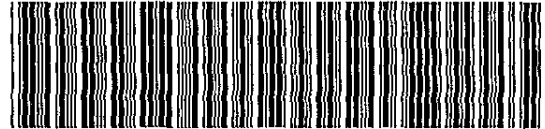
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



900039241409

CORPORATION ANNUAL REPORT

FORM NO. 7-1 1974

1 CHARTER NUMBER
017109

2 DATE INC. OR IF FOREIGN
DATE QUALIFIED IN FLA.
06/23/1925

3 FISCAL YEAR END
7399

1974

4 FEE NUMBER
51-0090484

3a CHANGE TO

5 FISCAL CLOSE OF
ACCOUNTING PERIOD
12

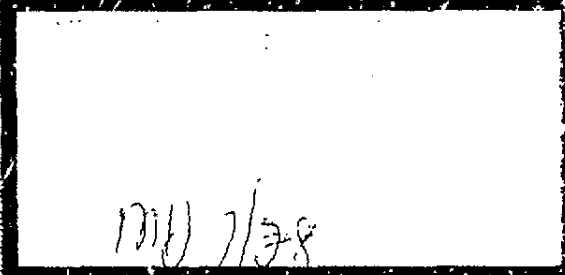
1975

6 NAME

CORPORATION COMPANY (THE)

7 RESIDENT AND OFFICE ADDRESS

C T Corporation System
100 Biscayne Blvd.
Miami, Florida 33132



PLEASE READ INSTRUCTIONS ON BACK

8 ADDRESS

The Corporation Company
c/o C T Corporation System
100 Biscayne Blvd.
Miami, Florida 33132

8a CHANGE TO
NO P.O. BOX

OFFICER'S DIRECTOR'S NAME	STREET ADDRESS	CITY / STATE	TITLE
Oakleigh B. Thorne	100 West 10th Street	Wilmington, Delaware	Pres. Dir.
Clint G. Dederick	100 West 10th Street	Wilmington, Delaware	V.P. Dir.
Alfred L. Dempsey	100 West 10th Street	Wilmington, Delaware	Sec. Dir.
Thomas R. Hopkins	100 West 10th Street	Wilmington, Delaware	Treas.

9 CAPITAL STOCK

1,200,000 shares @ \$1.00			
Common	\$1.00	1,200,000	\$

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO THE STOCK OR CERTIFICATES OF INTEREST OR PARTICIPATION TRANSACTED IN THE PREVIOUS YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 193, FLORIDA STATUTES. I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THE ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE: *[Signature]*

DATE: June 30, 1975

10 IF YOU DO NOT HAVE CAPITAL STOCK DESCRIBE THE FEDERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED