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

**PROFIT** CORPORATION. ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 260418

(9)

**FILED** May 01 1996 8:00 am Secretary of State



cipal Place of Business	Mailing Address	'	••••	• •••	 ****	 	 	,, 418.	 #1#10 P	 	W11 (W)	41

			····			8. 18.1 8781/ BLB1: 815 L BIFT: 31811 BT31   1681
Principal Place	e of Business	Mailing Address				an ram arbit alait aláit tiútt aigh áithi (881
P.O. BOX 1 COÇOA FL		P.O. BOX 1656 COCOA FL 32923				
					3. Date Incorporated or Qualified 06/28/1962	3a. Date of Last Report 06/06/1995
2. Principal Pl	lace of Business	2a. Mailing Address 26			4. FEI Number 33-0493372	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- M 4 A		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		·	6. Election Campaign Financing	55.00 May Be
23 Zigo		28	<del></del>		Trust Fund Contribution	Added to Fees
24	Country 25	Zip 29	Countr 30	y'	8. This corporation has liability for i	
	9. Name and Address of Current				10. Name and Address of New R	. —
			81	Name	IV. Name tille Address of New A	egistered Agent
	PERRY DOUGLAS		82	Ctroot (	Address (P.O. Box Number is Not Acceptab	L)
	DRANGE AVENUE, STE. A		0.2	SUBBLA	Address (F.O. Box Number is Not Acceptate	18)
WINTE	R PARK FL 32789		- 83			
			84	City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607 0502 a	nd 607 1509 Elevida Statuta	e the choir		and the same the state of the s	
or register	red agent, or both, in the State of Florida	Such change was authorize	id by the con	xoration's I	rporation submits this statement for the pur board of directors. I hereby accept the appo	pose of changing its registered affice   pintment as registered agent, I am
SIGNATURE.	in, and accept the obligations of Section	i 607.0000, rionda Statules.				
SIGNATURE.	Styrature, typed or printed name of registered agent an	d trie if applicable (NOT	TE: Progistered Age	nt signature re	Qured when reinstating)	CATE
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	DUANE, CHRISTIE	DELETE	1.1 TITLE			Change Addition
NAME	3400 INLAND EMPIRE BLVD.		1.2 NAME			
STREET ADDRESS	ONTARIO CA 91764			ADDRESS		
CITY-S1-ZIP TITLE	D	[ ] DELETE	1.4 CiTY-1	ST-71P		
NAME	PEMBROKE, JOHN J		2. 1 TITLE			Change Addition
STREET ADDRESS	9627 ROCKY BRANCH		2.2 NAME	Abbbree		
CITY-S1-ZIP	DALLAS TX 75243		2.3 STREE	ADORESS		
TITLE	D	DELETE	3. 1 TITLE	N-ZIF		Change Addition
NAME	Perry Donates west		3.2 NAME	٠		Change Change
STREET ADDRESS	Perry Douglas West 1270 Crange Are Smi Willer Pore, FL. S	te A	3 3. STREE	T ADORESS		
CITY-SI-ZIP	witer Rix FL. 3	2739	3.4 CITY - 5	61-ZIP		
104.6	'	DELETE	4. 1 TITLE			Change Addition
NAME			42 NAME			
STREET ADORESS			4.3 STREE	1		
CITY-ST-ZIP TITLE		Christ	4.4 C/TY-5	T-ZIP		Print at the second sec
NAME		☐ DELETE	5 1 TITLE			Change Addition
STREET ADDRESS			5.2 NAME	Abbassa		
CITY-ST-ZIP			5.3 STREET	Į.		Same of American
TITLE		DELETE	5.4 CITY - 5 6. 1 TITLE	1 · ZIP	70000183 -05/23/96010	DIST
NAME		had become	6.2 NAME	'	***208.75	11UGB hange Addition
STREET ADDRESS			63 STREET	ADDRESS	***CUU. 10	GART)
CITY - ST - ZIP			6.4 CITY - S			54-96

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 conscration 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:

ONATCHE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4076315804