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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DO011	1996	DIVISION C	OF CORPORATIONS		
1. Corporation	MENT # 55850	60 (9)			
FRIG	OLA, DEVANE, WRIGHT &	DORL, P.A.			
Principal Place	e of Business	Mailing Address		ı rêdiği ğildi bilêl ibili Bililê dil	ne nave andst Aldit Aldit Aldit Aldit Aldit Aldit 188
	rseas hwy., suite 17	P.O. BOX 500177 5701 OVERSEAS H	WY SUITE 17		
MARATHO	N FL 33050-2716	MARATHON FL 330 US	050-0177	Date Incorporated or Qualified	3a. Date of Last Report
·				01/31/1978	03/22/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# oto	26		59-1790130	Not Applicable
2	m, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	9	City & State		6. Election Campaign Financing	Fee Required
3		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	tangible tax under s 199.032,
4	9. Name and Address of Currer	29	30	Florida Statutes X Yes	□ No
	2. Italie allo Address of Culter	it negistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
FRIGO	PLA, ALFRED K				
	OVERSEAS HIGHWAY		82 Street Add	ress (P.O. Box Number is Not Acceptable)
	THON, FL		83		
33050			24		
			84 City		FL 85 Zip Code
 Pursuant to or registero 	to the provisions of Sections 607,0502 and agent, or both, in the State of Flori	and 607.1508, Florida Statu	ites, the above-named corpo	oration submits this statement for the purporard of directors. I hereby accept the appoin	
familiar wit	th, and accept the obligations of, Sect	ion 607.0505, Florida Statute	ized by the corporation's boa is.	ard of directors. I hereby accept the appoin	ntment as registered agent. I am
SIGNATURE _	Story by we have described as well as a second				
12.	Signature, typed or printed name of registered agent	ano tre il applicable (N	IOTE: Registered Agent signature require	en when reinstation*	
			13	- -	DATE
IIILE	SD OFFICERS AIN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
		D DIRECTORS		- -	
NAME	SD Wright, Thomas D 401 Margate Drive	D DIRECTORS	1. 1 TITLE	- -	ERS AND DIRECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, THOMAS D 401 MARGATE DRIVE MARATHON, FL 00000	D DIRECTORS	1. 1 TITLE 1.2 NAME	- -	ERS AND DIRECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP UTLE	SD WRIGHT, THOMAS D 401 MARGATE DRIVE MARATHON, FL 00000 PD	D DIRECTORS	1. 1 TITLE 12 NAME 13 STREET ADDRESS	- -	ERS AND DIRECTORS IN 12
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an andress

SIGNATURE: