FILE	NOW:	FILING	FEE IS	\$61.25
PROFIT			FLORIDA	DEPARTMENT

NON CORPORATION ANNUAL REPORT



OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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PORATE rincipal Place o		SVILLE, FLORIDA, INCO					
PO BOX 970		PO BOX 970 GAINESVILLE FL 32602					
gainesville f	L 32602	GAINESVILLE PE SECOL		3. Date Incorporated or Qualified	3a. Date of Last Rep	3a. Date of Last Report	
				05/07/1967	08/24/199		
Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 59-6141366		olied For Applicable	
		26		39 0 14 1300	\$8.75 A		
Suite, Apt. #, etc.		<u>⊢</u> ¬ - ' ' '	Suite, Apt. #, etc.			Fee Required	
l		City & State		6. Election Campaign Financing	\$5.00	May Be	
City & State		28		Trust Fund Contribution	Added to		
7-	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 19	9.032,	
Zip I	25	29	30	Florida Statutes	💢 Yes 🗌 No		
<u> </u>	9. Name and Address of Curr			10. Name and Address of New R	Registered Agent		
			81 Name	Ramona chance			
SABIS, RAMONA			82 Street Add	Address (P.O. Box Number is Not Acceptable)			
	42ND TER		51	100 SW 34th ST	STE 23	<u>, </u>	
	NLLE FL 32605		83				
CANTECT	ALL 12 32000		84 City	11-	FL 85 Zip C	Code	
				unesville	<u> </u>	iotorod offic	
or register familiar wit	ed agent, or both, in the state of ri	ection 617.0503, Florida Statute	zed by the corporation's books.	ard or directors. Thereby accept the app	•	gom	
GNATURE _	Signature, typed or printed name of registered as OFFICERS	Gent and title if applicable IN AND DIRECTORS	OTE: Registered Agent signature requi	oration submits this statement for the purant of directors. I hereby accept the appropriate when reinstating. ADD, HONS/CHANGES TO OFF	DATE FIGERS AND DIRECTORS		
IGNATURE 2. TLE	Storture, typed or printed name of registered a OFFICERS.	Gent and title if applicable IN	OTE: Registered Agent signature required 13.	ADD.TIONS/CHANGES TO OFF	DATE FICERS AND DIRECTOR: Change	S IN 12	
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.0 (open, 100 days statutes). The same legal effect as if made under 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: