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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 750008

(5)

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 3. Suite, Apt. #, etc. 3. Suite		
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Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Suite Agent FEGLEY, RUTH 3160 36TH STREET NORTH, APT. 103 ST. PETERSBURG FL 33713-9434 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointmen familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND D. RECTORS 13. ADDITIONS/CHANGES TO OFFICERS. ITILE PD Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite, A	3a. Date of Last Report 04/20/1995	
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27 City & State City & State 28 City & State 29 Country 29 Country 29 Sp. Name and Address of Current Registered Agent FEGLEY, RUTH 3160 36TH STREET NORTH, APT. 103 ST. PETERSBURG FL 33713-9434 10. Name and Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointmen familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, byed or printed name of registered agent are filled applicable. NOTE: Registered Agent signature required when resistating) DAT 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS.		Applicable
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NAME FLORA, LUANNA 62 NAME		
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CITY-ST-ZIP ST. PETE. FL 64 CITY-ST-ZIP 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	A Florido Ctot des	1 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 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 appress.

April 3, 1996

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