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PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			STATE					
DOCUI 1. Corporation	(3)	(3)										
	CENT LIMITED,	INC.										
Principal Place of Business Mailing Address							75076.41	1 :001100 (4)4 0011 <b>3</b> 11010 0140 04	III IIII IIII	)!! 0(0(1 0)0)!	AFBIT BIBIT	010111001
184 INDUSTRIAL LOOP S ORANGE PARK FL 32073				P.O. BOX 1419 ORANGE PARK FL 32067								
U\$				U\$				3. Date Incorporated or Qualified 10/21/1980	3a.	Date of Las 01/20/		
2. Principal Pla	ace of Business		2a.	, Mailing Address				4. FEI Number	L	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Applie	
Suite, Apt.	#, etc.		20	Suite, Apt. #, etc.				59-2048748 5. Certificate of Status Desired		\$8.	Not A <b>75</b> Add	pplicable litional
City & State	· · · · · · · · · · · · · · · · · · ·		27	City & State						Fe	e Requi	ired
3			28	·	p			Election Campaign Financing     Trust Fund Contribution			.00 Ma ded to F	
Zip Country			29	Zip	30 Co	unlry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes No				
		dress of Current F	L L.	stered Agent	1901	Ι.,		10. Name and Address of New F				
						81	Name					
	IG, MARY LOU Dustrial Loop S	•				82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)			
	IE PARK FL 32073					63	·					
						84	City			- 85	Zip Cod	ie
11. Pursuant to or registere familiar wit	o the provisions of Seed agent, or both, in the hand accept the ob-	ections 607.0502 ar the State of Florida. ligations of, Section	nd 60 Suct 607.	7.1508, Florida Statu n change was authori 0505, Florida Statute	ites, the abo zed by the s.	ove-n corpo	amed corpo oration's boa	ration submits this statement for the purify of directors. I hereby accept the app	rpose of ointmen	-		
SIGNATURE _	Signature, typeri or printed na	res of maintained accept and	 1685-16	avade style. (N	čii, p ist. I.			id when rainstating)				
12.	a grand, type to partition	OFFICERS AND D			13.	a Ageni	signature require	ADDITIONS/CHANGES TO OFF	ICERS A		TORS IN	V 12
TITLE	PTD			☐ DELETE	1. 1 7	TITLE				☐ Chang		Addition
NAME STREET ADDRESS	KESTING, MAI 2127 GAMMA				1.2 N							
CITY-ST-ZIP	ORANGE PAR					HHEEL HIY-SI	ADDRESS					
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STREET ADDRESS	2127 GAMMA				238	TREET	ADDRESS					
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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), Fiorida 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 corporation 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:

MARY LOU KESTING

Detroit Description of the corporation of the corporation of 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:

Description of the corporation of the corporation of the corporation of the receiver of 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:

Description of the corporation of th

6.2 NAME

6.3 STREET ADDRESS 6 4 City - St - ZiP

STREET ADDRESS