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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1	1996	Tool Will		DIVISION OF CORPORATIONS									
DOCUM 1. Corporation		# K5047	70	(9)					•				
		erties, U.S.A., In	IC.						1 12 12 11 1	Je 8 6 12 6 2618	Digni Gibli	antı i kiğin diğin is	a)
Principa! Place o	of Business		Ma	ailing Address					i immigni dan micit dansi Andri imi	II BUII GIGII		A1011 01011 01011 10	•
1135 N.W. 2	STH AVE			1135 N.W. 23RD AVE	NUE								
STE. P Gainesville FL 32609				GAINESVILLE FL 32608				<u> </u>	. Date Incorporated or Qualified	3a Dai	e of Last	Report	— _i
US				US				'	12/12/1988	30. Da	08/10/		İ
2. Principa! Plac	ce of Busines	S	2a.	, Mailing Address				- -	, FEI Number	<u> </u>	L	Applied For	
21			26					_	65-0163011		40.	Not Applicab 5 Additional	e
Suite, Apt. #	, etc.		27	Suite, Apt. #, etc.				- 5	i. Certificate of Status Desired			e Required	
City & State				City & State				- 6	6. Election Campaign Financing		\$5.	00 May Be	
23			28		T			٠.	Trust Fund Contribution			ted to Fees	
Zip 24	-	Country 15	29	Zip	30	untry		*	This corporation has liability for Florida Statutes Yes	nangibie≀ ON ∏	ax under	s 199.032,	
<u></u>		and Address of Curren		stered Agent	1001			11). Name and Address of New R	egistered	Agent		
						81	Name						
	WILLIAM ().				82	Street Add	dress (P.O. Box Number is Not Acceptab	ie)			\neg
	W 25 PL	2000				83							-
GAINE	SVILLE FL	32608				2.	- Cit.			<u></u>	los I	Zip Code	_
						84	City			<u>Fl</u>	-	•	
11. Pursuant to	o the provisio	ns of Sections 607.0502	and 60	07.1508, Florida Statute	s, the ab	OVE-F	named corpo	oration ard of	submits this statement for the pur directors. I hereby accept the app	pose of chointment a	nanging it s register	s registered off ed agent. I am	ce
familiar with	h, and accep	the obligations of Sect	on 607	.0505, Florida Statutes.	,				1126/	61	-	_	
SIGNATURE _	Slowburg typed o	crinled name of registered as A	and title if	applicable (NO	TE: Registere	d Age	nt signature requi	red when	reinstating)	DATE			·
12.		OFFICERS AN		CTORS	13.				ADDITIONS/CHANGES TO OFF	CERS AN			
THILE	PTSV			☐ DELETE	- 1	TITLE					☐ Chanç	e 🔲 Addition	١,
NAME		, WILLIAM D. SW 25 PLACE				NAMÉ STDEST	ADDRESS						
STREET ADDRESS CITY-ST-ZIP		SVILLE FL 32608				CITY-S	- 1						
TITLE	D	· · · · · · · · · · · · · · · · · · ·		☐ DELETE	2 1	TITLE					Chang	e 🔲 Addition	\Box
NAME		, WILLIAM D.				NAME							1
STREET ADDRESS	l	SW 25 PLACE					ADDRESS						
CITY - ST - ZIP TITLE	GAINE	SVILLE FL 32608		DELETE		CITY-S TITLE	3F-ZIF				Chang	e Addition	ī
NAME					3.2	NAMÉ							
STREET ADDRESS					33	STREE	T ADDRESS						
CITY - S1 - ZIP				☐ DELETE		CITY - S TITLE	ST - ZIP				Chang	je 🔲 Addition	
TITLE NAME					1	NAME					٠		
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THILE				DELETE		TITLE					Chan;	e 🔲 Additio	1
NAME CIOLLI ADDDSCC						NAME Stree	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP						-	ST-ZIP					<u></u>	
THE				☐ DELETE		TITLE					Chan	e 🗌 Additio	n
NAME						NAME							
STREET ADDRESS					1		F ADDRESS						
CITY-ST-ZIP 14. I do hereb	L y certify that	the information supplied	with this	is filing is voluntarily furn	ished and	d dos	st-zip es not qualify	for th	e exemption stated in Section 119	.07(3)(k), F	lorida Sta	tutes. I further	
certify that oath; that	t the informat Lam an office	ion indicated on this ann er or director of the corpi	ual repo pration o	ort or supplemental ann or the receiver or truste	uai repon e empow	I IS II	не апо ассы	ırate a	nd that my signature shall have the bort as required by Chapter 607, F	Same leg	31 611601 6	is il il laug unuc	r
appears in	Block 12 or	Block 13 if changed, or	on an a	ittachment with an addr	C) _{sea}				مرابہ اد	, ,	35		-
SIGNAT	URE:	11/11/	(1)		_Y	1	2-		9/2494		37/	-9811	
J. W. 11 11	~·· - ·	SIGNATURE AND TYPED O	P PRINTE	D NAME OF SIGNING OF ACE	R OR DIRE	CTOR			Date	•	Daytime Ph	one #	