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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # NOOR58

(3)

| SUGG, DUAN 1805 5TH AVI SEBRING FL:  11. Pursuant to the or registered ag familiar with, and SIGNATURE  SIGNATURE  12.  ITELE PO   | Country  25  Name and Address of Curre  NE J  /E  33872  e provisions of Sections 617.050 gent, or both, in the State of Flor and accept the obligations of, Sections 51990  OFFICERS AT                                      | 02 and 617,1508, Florida Statu<br>irida. Such change was authoris<br>ction 617,0503, Florida Statute<br>staski tik⊪taspkakki (N  | es, the aboved by the cost. | 81<br>82<br>83<br>84      | City                           | 3. Date Incorporated or Qualified 01/11/1984  4. FEI Number 59-2870755  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for Florida Statutes  10. Name and Address of New Resist (P.O. Box Number is Not Acceptable do firectors. Thereby accept the apprehimment of the pure do for directors. Thereby accept the apprehimment for the pure do for directors. Thereby accept the apprehimment for the pure do fo | intangible t Yes [ legistered | \$8.75 Fee \$5.0 Adde ax under s No Agent                   | 995 Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees 199.032, |
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| Suite, Apt. #, etc.  City & State  Zip  SUGG, DUAN 1805 5TH AVI SEBRING FL:  11. Pursuant to the or registered ag familiar with, and suite and suite and suite and suite.  SIGNATURE  SUGG, DUAN 1805 5TH AVI SEBRING FL:  12. PD  NAME SUITE. PO  SUITE. PO  NAME SUITE. SUITE.   | Country  25  Name and Address of Curre  NE J  /E  33872  e provisions of Sections 617.050 gent, or both, in the State of Flor and accept the obligations of, Sections 51990  OFFICERS AT                                      | 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Pant Registered Agent  02 and 617.1508, Florida Statutivida. Such change was authorisction 617.0503, Florida Statuter   | as the aboved by the cost.  | 81<br>82<br>83<br>84      | Street Addin                   | 5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for inflorida Statutes  10. Name and Address of New Resist (P.O. Box Number is Not Acceptable).   | intangible t Yes Categistered | \$8.75 Fee \$5.0 Adde ax under s No Agent                   | Not Applicable 5 Additional Required 00 May Be ed to Fees 199.032,                 |
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| City & State  Zip  9.  SUGG, DUAN 1805 5TH AVI SEBRING FL :  11. Pursuant to the or registered ag familiar with, and suite and | 25 . Name and Address of Curre  NE J //E 33872  e provisions of Sections 617.056 gent, or both, in the State of Flor and accept the obligations of, Sections 51996 or protections of registered ago  OFFICERS AI              | City & State  28  Zip  29  ent Registered Agent  02 and 617.1508, Florida Statutivida, Such change was authorisction 617.0503, Florida Statuter                          | as the aboved by the cost.  | 81<br>82<br>83<br>84      | Street Addin                   | Trust Fund Contribution  8. This corporation has liability for Florida Statutes  10. Name and Address of New Resist (P.O. Box Number is Not Acceptable).  | intangible t Yes  Registered  | \$5.0 Adde ax under s No Agent                              | DO May Be<br>ed to Fees<br>. 199.032,  |
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| SEBRING FL :  11. Pursuant to the or registered ag familiar with, and SIGNATURE  | e provisions of Sections 617.050 gent, or both, in the State of Floind accept the obligations of, Sections speed or pertentiable of registered ago.  OFFICERS A   | rida. Such change was authoria<br>ction 617.0503, Florida Statuter<br>Scharet the fact realth. (N  | es, the aboved by the cost. | 84<br>ve-na<br>orpo       | amed cornor:                   | ation submits this statement for the pur<br>d of directors. I hereby accept the app   | mose of ch                    | annion its  | registered office  |
| or registered ag familiar with, and SIGNATURE  | gent, or both, in the State of Floi<br>nd accept the obligations of, Sec<br>ture sped or protest name or registered ago<br>OFFICERS AF  | rida. Such change was authoria<br>ction 617.0503, Florida Statuter<br>Scharet the fact realth. (N  | es, the aboved by the cos.  | ve-na<br>orpo             | amed cornor:                   | ation submits this statement for the pui<br>d of directors. I hereby accept the app   | mose of ch                    | annion its  | registered office  |
| or registered ag familiar with, and SIGNATURE  Supratu  12.  TIFLE PO NAME SL  | gent, or both, in the State of Floi<br>nd accept the obligations of, Sec<br>ture sped or protest name or registered ago<br>OFFICERS AF  | rida. Such change was authoria<br>ction 617.0503, Florida Statuter<br>Scharet the fact realth. (N  | ed by the co<br>s.          | orpo                      | amed corpora<br>oration's boar | ation submits this statement for the pur<br>d of directors. I hereby accept the app   | mose of ch                    | panging its   | registered office<br>d agent. I am   |
| NAME SU  |   | ND DIRECTORS   | 13.                         | 4.je.int                  | signature required             | o when reinstailing*<br>ADDITIONS/CHANGES TO OFF  | DATE<br>ICERS AN              |   |  |
|  | _   | □ DELETE   | 1 1 111                     | LĚ                        |                                |   |                               | Change  | Addition   |
|  | UGG, DUANE J  |  | 1 2 NAI                     |                           |                                |   |                               |   |  |
| CE.  | 805 5TH AVE   |  |                             |                           | ADDRESS                        |   |                               |   |  |
| 100  | ebring fl<br>TD   | DELETE   | 14 CH<br>2 1 TH             |                           | - ZIP                          |   |                               | Change  | Addition   |
|  | TOKES, EILEEN   |  | 2 2 NAI                     |                           |                                |   |                               | Gridings  | L. Nodilion  |
|  | 817 FIFTH AVE.  |  |                             |                           | ADDRESS                        |   |                               |   |  |
| THE THE TEST   | EBRING FL   |  | 2 4 01                      |                           |                                |   |                               |   |  |
| TLE SC   |   | DELETE   | 3 1 7(7                     |                           | , 2."                          |   | ·                             | Change  | Addition   |
| IAME ST  | TALDER, KATHRYN M   |  | 3 2 NA                      | ME                        |                                |   |                               |   |  |
| STREET ADDRESS   18  | 811 5TH AVE   |  | 33518                       | REET                      | ADDRESS                        |   |                               |   |  |
| OTY-ST-ZIP SE  | ebring fl   |  | 3.4 CI                      | ly - \$                   | 1 - 21P                        |   |                               |   |  |
| TITLE  | ,   | DELETE   | 4 1 TH                      | LE                        |                                |   |                               | Cnange  | Addition   |
| NAME   |   |  | 4 2 NA                      | ME                        |                                |   |                               |   |  |
| STREET ADORESS   |   |  | 4351                        | REE 1                     | ADDRESS                        |   |                               |   |  |
| CITY - ST - ZIP  |   | C no. or c   | 4 4 CiT                     |                           | F - ZiP                        |   |                               | Chann   | □ Addition   |
| ITLE   |   | ☐ DELETE   | 5 1 TIT                     |                           |                                |   |                               | ☐ Change  | ☐ Addition   |
| IAME   |   |  | 5.2 NA                      |                           | *2000000                       |   |                               |   |  |
| STREET ADDRESS   |   |  |                             |                           | ADDRESS                        |   |                               |   |  |
| DITY-ST-ZIP<br>TITLE   |   | DELETE   | 5.4 CH<br>6.1 TH            |                           | i · ZiP                        |   |                               | Change  | Addit:on   |
| IAME   |   | Поселе   | 6 2 NA                      |                           |                                |   |                               |   |  |
| STREE! ADDRESS   |   |  |                             |                           | ADDRESS                        |   |                               |   |  |
| SITY - ST- ZIP   |   |  | 6 4 CI                      |                           |                                |   |                               |   |  |

oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by appears in Block 12 or Block 13.44 changed, or on an attachment with an address. SIGNATURE: 2 SIGNATURE AND TYPED OF PRINTED NAME STORE OF DIRECTOR

1/17/96 941-385-6866 Dayone Proce 1