FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

	1996		DIVISION O	F CORPORATIONS					
DOCU 1. Corporatio	MENT In Name	# N45020	0						
WYK	ロロフマスム	R PHASE I	I AGSOCIATI	OD, MC					
Principal Plac	e of Busines	ş	Mailing Address			400001763874 -04/01/3601016026			
					***61	.25			
					3. Date Incorpor	ated or Qualified	3a. Date of Las	t Report	
2. Principal Place of Business			2a. Mailing Address		4. FEI Namber	15000	 	Applied For	
21 /2// <i>U.H.Nico PU</i> . Suite, Apt #. etc			26 77// <i>V. HAYED PL</i>		393/2	593/25907 Not Applicable \$8.75 Additional			
22 Suite, Apr	W. etc		27		5. Certificate of	Status Desired	7	Required	
Ciry & State			City & State		7/	6. Election Campaign Financing \$5.00 May Be			
23 NEW 1	PORT A	Country	28 NEW FOR	Country F	Trust Fund Co			ed to Fees	
Zip 24 <i>3465</i>		25 615 A	29 346.55	30 USA	8. This corporati Florida Statuti		intangible tax unde Yes	r s. 199 032,	
24 7765		and Address of Curre	1	30 2277		ddress of New Re			
			<u> </u>	81 Name	PART R. 1	PUROV			
82 Street Address						ess (P.O. Box Number is Not Acceptable)			
				83	II W. HAVA	v m.	<u> </u>		
				63					
				84 City	W PORT B	CINE -	FL 85 2	ip Code	
11. Pursuant	to the provis	ons of Sections 617.050	02 and 617.1508, Florida Sta	tutes the above named	cornoration submits this	statemont for the p	ourpose of changin	g its registered	
office or i agent. La	registered a am familiar w	gent, or both, in the State ith, and accept the oblig	e of Florida, Such change wa ations of, Section 617.0503.	as authorized by the corp Florida Statutes—	oration's board of direct	ors. I hereby accep	ot the appointment	as regisiered	
SIGNATURE	DA	RIRE	IRDY (T)	last	Mency		3/26/96		
12.	Signature lysie	or printed name of registered as OFFICE PSIAN	errand tile Jacquanic (f D DIRECTORS	NOTE: Hegistered Agent signature 13.		HANGES TO OFFIC	CERS AND DIRECT	ORS IN 12	
1 TLE	Τ.	OF TOLINO AIN	DELETE.	1.1 TITLE	PID		Chang		
NAME				1.2 NAME	VIM GOLDEN	eng			
STREET ADDRESS				1.3 STREET ADDRESS	1251 TRAFALGI	AR OPTIVE			
CITY-ST-ZiP				1.4 CHY-ST-ZIP	NEW PONT PIG	THEY FL. 3	8 <i>469</i> 5* 図 Chanc	ie Addition	
T·fLE			DELETE	2 1 TITLE	TID DART R. PUP	ens	∠ chang	je 🔲 Adolatori j	
NAME				2 2 NAME	9911 D. HHVER	pl.			
STREET ADDRESS				2 3 STREET ADDRESS 2 4 CITY+S'-ZIP	100 DONE DU	HUN FL.	34655		
CITY-ST-ZIP TITLE			⊠ DELÉTÉ	31 TULE	VEW PORT PL	1	⊠ Chang	ge Addition	
NAME			•	3 2 NAME	MALANIE H	AGSRTY			
STREET ADDRESS				3.3 STREET ADDRESS	1445 1100000	, , , , , .			
CITY-ST-ZIP				3.4 CITY+ST-ZIP	NEW PIRT E	ICHEY, EL.	34655	ge Addition	
tiru£			⊠ DELETÉ	4 1 TITLE	NEIL COILE	,	La Chang	ge Addition	
NAME				4 2 NAME	7703 N. HAVE	ev Pl.			
STREET ADDRESS				4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DAIL DOOT	CICHAY FL	34655	-	
TITLE			DELETE	5.1 TiTLE	NEW PORT P		[X] Chang	ge Addition	
NAME			•		RONNIE STIL	288R			
STREET ADDRESS				5.3 STREET ADDRESS	1724 N. HAVK	wp.			
CrTY - ST - ZiP				5 4 CITY - ST - ZiP	ROWNE STILL 1724 W. HAVE WEW PORT	aichky, F	L 34655)	
TITEE			DELETE			·	L_I Chan	ge Addition	
NAME				6 2 NAME					
STREET ADDRESS	1			6.3 STREET ADDRESS					

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). Florida 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 617, Florida Statutes; that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: