SECOND NOT	ICE: CORPORATION WILL BE I REFORE 8/1/96: \$61.25 (IF DISSO)	DISSOLVED ON OR AFTER AU LVED, MINIMUM AMOUNT DUE TO	REINSTATE: \$236.25.)	AP	PROVED
NONPE	ROFIT	FLORIDA DEPARTM	ENT OF STATE		AND FILED
CORPOR		Sandra B. M Secretary o			
ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS				96 AUG 28 PM 3: 14	
OCUMENT # N9400000223 (7)				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	ARE FOUNDATION, INC.	•			
				THE THREE THREE PRINCIPLES OF THE POPUL	38 44 31 44 35 44 36 44 484 48 5 0 484 4901
icipal Place of E	Business	Mailing Address			
175 US HWY 18 NELLAS PARK F	N 84665	9375 US HWY 19 N PINELLAS PARK FL 34665			The Stant Boost
MELLING FARR I	1 B 01000			3. Date Incorporated or Qualified 01/14/1994	3a. Date of Last Report 03/03/1995
		2a. Mailing Address		4. FEI Number	Applied For
Principal Place	e of Business	26		59-3228174	Not Applicable \$8.75 Additional
Suite, Apt. #, e	elc	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3:-	Country	Z ₁ p	Country	8. This corporation has liability for	intangible tax under s. 199.032,
Zip	9. Name and Address of Curre	129	30	Florida Statutes 10. Name and Address of New R	
PINELLA	S HIGHWAY 19TH NORTH IS PARK FL 34665	502 and 617.1508, Florida Statute	84 City	poration submits this statement for the	purpose of changing its registered pt the appointment as registered
PINELLA	S PARK FL 34665	ligations of, Section 617.0503, Fit	es, the above-named corporate the corporate that is a second corporate that	poration submits this statement for the tion's board of directors. I hereby acce	FL
PINELLA 1. Pursuant to office or reg agent. I am	the provisions of Sections 617.0 gistered agent, or both, in the State and accept the obl	ligations of, Section 617.0503, Fit	es, the above-named corp	- Constitution	purpose of changing its registered pt the appointment as registered DATE FICERS AND DIRECTORS IN 12
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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 do hereby 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 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 address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF JONING OFFICER OR DIRECTOR

On 15812