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

PROFIT

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

ANNL	PORATION JAL REPORT 1996		Secr DIVISION C		State	ONS						
DOCUN 1. Corporation	MENT # F	°930000	07240 (3)								
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Principal Place 9444 SEMIN		N	Mailing Address 9444 SEMINOLE BLY	ND.								
SEMINOLE F			SEMINOLE FL 34642									
								3. Date Incorporated or 0 01/28/1993	Dualified	3a. Date 04	of Last F /18/19	
2. Principal Pla 21	ace of Business	2a 26	Mailing Address					4. FEI Number 59-3159906				Applied For Not Applicable
Suite, Apt. 1	#, etc.	27	L Suite, Apt. #, etc. 					5. Certificate of Status Di	esired		\$8.7	5 Additional Required
City & State)	28	City & State					Election Campaign Fin Trust Fund Contributio	•		\$5.0	00 May Be
Zip	Countr 25		Zip	30	Country	'		This corporation has lift Florida Statutes	ability for in	itangible ta		· .
24	9. Name and Addre		stered Agent	30				10. Name and Address			gent	
					81	Name		•				
PROVENCAL, BETHANY K 9444 SEMINOLE BLVD.						Street	Address	s (P.O. Box Number is Not Acceptable)				
SEMINO	DLE FL 34642				83							
l .												
					84	City					85 Z	ip Code
11. Pursuant t	to the provisions of Sect	ions 607.0502 and 60	07.1508, Florida Stat	utes, the	above-r	named c	orporati	on submits this statement f	or the purp	FL ose of char	nging its	registered office
or register	to the provisions of Sect ed agent, or both, in the th, and accept the obligi	e State of Florida. Suc	ch change was autho	rized by t	above-r	named c	orporati s board	on submits this statement for directors. I hereby accep	or the purp I the appo	ose of char	nging its	registered office
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CITY-ST-ZIP 6.4 CHTY - ST - ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE: Bestany K. Hoven a BETHANY K. PROVENCAL 4-15-96 813-398-7500

CR2E034 (12/95)