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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State . .

DIVISION OF CORPORATIONS\_

P95000005662 (8) DOCUMENT #

1. Corporation Name

G.	MF7	WHOŁ	<b>FSAI</b>	F	CORI	PORA	ATION
a.	util	111111111111111111111111111111111111111	LUTE				111011

Mailing Address Principal Place of Business 418 N BYRD AVE 418 N BYRD AVE AVON PARK FL 33825 AVON PARK FL 33825 3. Date Incorporated or Qualified 3a. Date of Last Report

				01/19/1995				
- 6: 1DI	at D. vinear	2a. Mailing Addre	939	4. FEt Number	Applied For			
2. Principal Place of Business		26		65-0546960	Not Applicable			
Suite, Apt. #, 6	etc	Suite, Apt. #,	etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country 25	Zip	Country 30	8. This corporation has liability for intang Florida Statutes				
24	g. Name and Address of Cu	11		10. Name and Address of New Regist	ered Agent			
GAMEZ, CARLOS 418 N BYRD AVE				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
AVON PAF	RK FL 33825		83   84   City		FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above -named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

h, and accept the obligations of, Section 60	(r.tg)(g), Horida atatules		
Styriahine typed or one had same of negociarist agricultated bles	diagramation (NC)	TE Registered Apr. It signature misured	wher revisitivity: DATE
OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PSD	☐ DELETE	N 1 TITLE	Change Addition
GAMEZ, CARLOS		1.2 NAME	
		1.3 STREET ADDRESS	
AVON PARK FL 33825		1.4 C(TY - \$1 - Z)P	
D	☐ DELETE	2 1 TILLE	Charige Addition
GAMEZ, BUMARO		2 2 NAME	
418 N BYRD AVE		2.3 STRIT I ADDRESS	
AVON PARK FL 33825		2.4 CITY - ST-ZIP	
	☐ DELETE	3 1 THE	Change Addition
		3.2 NANIt	
		3.3 STREET ADDRESS	
		3.4 CITY - \$1 - 2iP	Prop.
	☐ DELETE	4 1311.5	Change Addition
		4.2 NAME	
		4.3 STEE: 1 ADDRESS	
		4.4 CiTY ST-ZiP	100001833621
	DELF 1E	5 1 TITL <sup>5</sup>	
	_	5.2 NAM:	***200.00
		5.3 STRE-T ADDRESS	444 <b>20010</b>
	TT DELETE	6 1 11'L'	☐ Change ☐ Addition
	J	62 NAV.	$\mathcal{N}_{\mathbb{R}}$
			2 γ <sub>γ</sub>
	PSD GAMEZ, CARLOS 418 N BYRD AVE AVON PARK FL 33825 D GAMEZ, BUMARO 418 N BYRD AVE	OFFICERS AND DIRECTORS  PSD	DELETE   DELETE   STRUCT ADDRESS   AND DIRECTORS   Table   Struct and the struc

64 CITY ST-ZIP 14. If do hereby certify that the information supplied with this fong is voluntarily furnished and dives 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 certify that I am an officer or director of the corporation or the receiver or trustee empowers it to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapters or my attachment with an appears.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SHEMING OFFICER OR SPECTOR