SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sanora B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

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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. I hereby accept the appendix are registered signal, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appendix are registered signal, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appendix are registered signal, or both and accept the obligations of Section 607 0505, Florida Statutes. 12. OFFICERS AND DIRECTORS. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. City St. 2P 15. HATCH, DEATH					[82 Street Addr		ess (P.O. Box Number is Not Acceptable				
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11. Pressure to the provisions of Socions 607 0502 and 607 1508. Florida Statutes, the above named corporation submits his statement for the purpose of charging its registered agent. I am familiar with, and accept the obligations of Section 607 0505. Florida Statutes. SIGNATURE					ļ.	B4 (City			85 Zq	o Code	
office or registered agent, or both, in the State of Flooria Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and manifer with and accept the obligations of Socion 607 05:05, Floorida Statutes. Signature					1							
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I. For hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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: Description of Printed NAME OF SIGNING OFFICER OR DIRECTOR 1 4 /25/96 35, 196-7677