

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090961 (0)

1. Corporation Name

APPLICANT INSIGHT LTD II, INC.



Principal Place of Business

~~39928 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689~~

Mailing Address

~~39928 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689~~

3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report
11-27-95

2. Principal Place of Business
21 **5617 Palmetto Road**
Suite, Apt. #, etc

2a. Mailing Address
26 **5617 Palmetto Road**
Suite, Apt. #, etc

4. FEI Number
Applied for Applied For
 Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **New Port Richey, FL**

28 **New Port Richey, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **34652** 25 **Pasco**

29 **34652** 30 **Pasco**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

LARSEN, KENNETH N
~~39928 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5617 Palmetto Road
83
84 City **New Port Richey** FL 85 Zip Code **34652**

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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Kenneth N. Larsen, Kenneth N. Larsen**
Signature typed or printed name of registered agent for this corporation

2-6-96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	LARSEN, KENNETH N <input type="checkbox"/> DELETE	1 TITLE Kenneth J. Larsen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		12 NAME PRESIDENT	
STREET ADDRESS	39928 U.S. HIGHWAY 19 NORTH	13 STREET ADDRESS 5617 Palmetto Road	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	14 CITY-ST-ZIP New Port Richey, FL 34652	
TITLE	VSD <input type="checkbox"/> DELETE	2 TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSEN, DARLA M	22 NAME Anthony M. Larsen	
STREET ADDRESS	39928 U.S. HIGHWAY 19 NORTH	23 STREET ADDRESS 5617 Palmetto Road	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	24 CITY-ST-ZIP New Port Richey, FL 34652	
TITLE	SECRETARY-TREASURER <input type="checkbox"/> DELETE	3 TITLE SECRETARY-TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LARSEN, DAWN M	32 NAME LARSEN, DAWN	
STREET ADDRESS		33 STREET ADDRESS 5617 Palmetto Rd.	
CITY-ST-ZIP		34 CITY-ST-ZIP New Port Richey, FL 34652	
TITLE	<input type="checkbox"/> DELETE	4 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 TITLE 480001885234 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME -05/02/96 -01039-024	
STREET ADDRESS		53 STREET ADDRESS ***200.00	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-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 or person 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 in an attachment with an address.

SIGNATURE: **Kenneth N. Larsen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-96 **813-934-0042**
DATE OF PREPARATION

CR2E034 (12/95)