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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State ,

1996

	1990	(00 M)						
DOCUN 1. Corporation	MENT # A	MERIC	CAN PR	t gan	Supply INC			
		太1	10789					
		' (010	U				
Principal Place	of Business		Mailing Add	tress				
	A WEST TEN							
Tallal	assee FL.					3. Date Incorporated or Qualified	3a. Date of Last	Report
Tallahassee, FL. 32304						1/01- 1976	May 199	25
2. Principal Pi	ace of Business		2a. Mailing			4. FEI Number	7	Applied For
21 7586	A WOST TEN	w st	26 P.O. K	BOX 37	1025	59 172 4508		Not Applicable
Suite, Apt			ļ	pt. #, etc.		5. Certificate of Status Desired		5 Additional Required
22			27 City 8 S	telo		6. Election Campaign Financing		00 May Be
City & State	,	7.	28 70/	4harse	e FL	Trust Fund Contribution	L_3 .	led to Fees
23 / <i>Q[[Q]</i> Zip	hassee, F		Zip	4 May C	Country	8. This corporation has liability for	intangible tax und	er s. 199 032.
24 3230		A	29 323/	5	30 USA	Florida Statutes Ves	□No	
	9. Name and Addre	ss of Current	t Registered Ag	ent		10. Name and Address of New R	egistered Agent	
			1.7		81 Name	NIA		
M. 5	TewarT :	LNMA	111		82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
4581	S-A WEST	Tenn	J. 50.		83			
1500	//	و رسر	212611		63			
		/~/	ショロケ		84 City		B5 .	Zip Code
Tall	ahassee,	~ ~	,		[54] 5.0			
	•			Florida Statut	'	rporation submits this statement for the	purpose of changi	ng its registered
11. Pursuant office or r	to the provisions of Sect	ions 607.0502 , in the State	2 and 607 1508, of Florida Such	Florida Statut change was	tes, the above-named authorized by the carpo	rporation submits this statement for the alion's board of directors. I hereby acce		ng its registered I as registered
11. Pursuant office or ragent I a	•	ions 607.0502 , in the State	2 and 607 1508, of Florida Such	Florida Statut change was 607.0505, Fl	tes, the above-named authorized by the carpo			ng its registered It as registered
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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)(8). Provide states 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.

SIGNATURE: M. STEWART INMAN / Resident

4-22-96 904-575-96/8 Date Dayrine Phone #