(Requestor's Name)	
(Address)	6000
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





STATE OF FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT

1078



152 2 **~1347**

1770		Secretary of State				
THIS REPORT MUST BE ACCOMPANIED	BY A \$10 FEE (For					
► READ NOTICE	AND INSTRUC	TIONS ON OTHE	R SIDE BEFORE I	MAKING ENTRIES	4	
1, Name and Address of Corporation Principal Office.			Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient,			
F 017109 CORP PATION COMPANY TO			Street Address P.O. Box No.			
C/U C T CORPORATION SYSTEM . 100 MEST 10TH STREET ATL 31' GTON & UPL 19399						
		F.O. Box No.				
		City				
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code,		State Zip Code				
3. Date incorporated or Qualified To Do Business in Florida 0 A	/18/1925	 Fixtera' Employer Identification Num (FEIN) 	51-0099	5. Date of Last Report	1977	
6. Names and Street Addresses of Each O	fficer and Director					
Names of Officers and Directors	Title Director	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)			City and State	
THORME, MAKEEIGH	PRES.	100 W. 10	CO W. LOTH ST.		WILMINGTON, DE	
DEDERICK, CLINT	Y.P. X	100 W. 10TH ST.		WILHIN	WILMINGTON, DE	
MEMPREY, ALFREN	BECX: X	ton W. LOTH ST.		WILMTON	WILMINGTON, DE	
HOPKINS, THUMAS	TREAS.	100 W. 10TH ST.		WIEMIN	WILMINGTON, DE	
tarbrereun>-HVevee-e-)[1-610-H-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		MFFtriam	MIFHIT-CIDIT-DE	
7. Registured Agent	Name CJPPOKATIUM SYSTEM SUNGE Address (Do NOT Use P.O. Box Number)					
Information	City, State and Zip Code					
If you wish to change				ddress (Do NOT Use P.O	Do NOT Use P.O. Box Number	
Hegistered Agent on this form, enter all new information here	City, State and Zip Code					
8. An officer of the Corporation must sign Secretary, Assistant Secretary or Treasu	renor if the Corpora	port must be signed be stion is in the hands o	y one of the following: f a receiver or trustee, s	The President, Vice Pre shall ` ` executed on beha	sident, of	
the Corporation by the receiver or trust No Other Titles Will		Report Will Be Retur	ned If It Does NOT Bea	ır An Authorized Signatu	ıre,	
I Certify That I Am An Officer of the Con as Required by Chapter 607 F.S. I further				eport	-	
· · · · · · · · · · · · · · · · · · ·	gal Effect As If Mad		on this nepore shall			
Typed Name of Signing Officer		Title	Telephone Number		mber	
T.R. HOPKINS	7	I TR	EASURER	D		
Signature 1 P V/Lt				Date June	29. 1978	

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.