	PROFIT RPORATION UAL REPORT 1996		LORIDA DEPART Sandra B Secretary DIVISION OF CO	of State			
DOCU 1. Corporation	MENT #	106068	(0)				
		ABSTRACT COMPA	NY		 		18 18 - 1818 - 18 18
Principal Plac	e of Business	Mailing Ad	ddress			BEER BEERE BEERE BEERE BEERE BE	
	EFFERSON ST. ELLO FL 32344		s. Jefferson st. Ticello fl 32344		2 Data krossovski di sa Civili		·
9 Dring pal F	Place of Business	·····			3. Date Incorporated or Qualific 12/10/1925	ed 3a. Date of Last R 04/28/1	
21 Phriografie	race of Business	2a. Mailing 26	J Address		4. FEI Number 59-0791300	├ ─- ├	Applied For Not Applicable
Suite, Apt.	. #, etc	Suite,	Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
City & Stat	le	City &	State		6. Election Campaign Financing	9 _ \$5.00	Required May Be
Ζφ	Country	28 Zip	L	Country	Trust Fund Contribution 8. This corporation has liability	Added	oto Fees
24	9. Name and Addres	29 s of Current Registered A	aent 3	0	Florida Statutes 10. Name and Address of New	Yes 🔏 No	100.002
MON	S. JEFFERSON ST. TICELLO FL 32344 to the provisions of Sector			83 Oity		(85 Z ₁ p) Code
familiar wi	red agent or both, in the S ith, and accept the obligation	ns 607,0502 and 607,1508, state of Floridal Such change ons of, Section 607,0505, Fi	Florida Statutes, t was authorized b orkla Statutes	he above named c by the corporation's	orporation submits this statement for the board of directors. I hereby accept the a	- FL	
familiar wi	ith, and accept the obligation	ons of, Section 607,0505, Fr	orida Statutes	ry the corporation s	board of directors, I nereby accept the a	purpose of changing its reappointment as registered	egistered office agent. I am
familiar wi SIGNATURE 12.	Signature is all order to a beginning of PST	ons of, Section 607,0505, Fi	orida Statutes	y the corporation's	equied are residency ADDITIONS/CHANGES TO C	purpose of changing its reappointment as registered	egistered office agent. I am
SIGNATURE 12. TIFLE NAME	Stratus is Almerican or OF PST GREENE, DELOR	ons of, Section 607,0505, Fi register about a standard para FICERS ANS DIRECTORS LIES A	orida Statutes	getics) Again signal, red 13. 1.1 THE 2.2 NAME	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI	purpose of changing its re appointment as registered DATE DEFICERS AND DIRECTOR	egistered office agent. I am
familiar wi SIGNATURE 12.	Signature is all order to a beginning of PST	ons of, Section 607,0506, Fi register and latest that keep FICERS AND DIRECTORS TIES A ON ST.	orida Statutes	getics) Agent sig sature 13.	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI Rt. 1, Box 155-A	purpose of changing its reappointment as registered DATE DEFICERS AND DIRECTOR Change	egistered office agent. I am
SIGNATURE 12. THE NAME STREET ADDRESS	Signature for All medical research OF PST GREENE, DELOR 370 S. JEFFERSI	ons of, Section 607,0505, Fi register agent and the days have FICERS AND DIRECTORS LIES A ON ST.	orida Statutes	13. 1 1 17-ILE 2 NAME 1 3 STREET ADDRESS 1.4 City - ST - ZIP 2 1 TITLE	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI	purpose of changing its re appointment as registered DATE DEFICERS AND DIRECTOR	egistered office agent. I am
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SL-ZIP TITLE	Signature for All medical research OF PST GREENE, DELOR 370 S. JEFFERSI	ons of, Section 607,0505, Fi register agent and the days have FICERS AND DIRECTORS LIES A ON ST.	orida Statutes कराम स	13. 1 1 TILE 2 NAME 1 3 STREET ADDRESS 1.4 CHY - ST - ZIP	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI Rt. 1, Box 155-A	purpose of changing its reappointment as registered DATE DATE Change	egistered office agent. I am
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SL-ZIP TITLE NAME	Signature for All medical research OF PST GREENE, DELOR 370 S. JEFFERSI	ons of, Section 602,0505, Fi register agent and the transmission FICERS AND DIRECTORS LIES A ON ST.	orida Statules JOELETE DELETE	13. 1 1 17-1LE 2 NAME 1 3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 1 TITE 22 NAME 23 STREET ADDRESS 2.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI Rt. 1, Box 155-A	purpose of changing its reappointment as registered DATE DATE DEFICERS AND DIRECTOR Change 32344 Change	agistered office agent. I am RS IN 12 X Addition
SIGNATURE 12. TITE NAME STREET ADDRESS CITY-SL-ZIP TITE NAME STREET ADDRESS CITY-SL-ZIP CITY-SL-ZIP CITY-SL-ZIP CITY-SL-ZIP NAME STREET ADDRESS CITY-SL-ZIP	Signature for All medical research OF PST GREENE, DELOR 370 S. JEFFERSI	ons of, Section 602,0505, Fi register agent and the transmission FICERS AND DIRECTORS LIES A ON ST.	orida Statutes कराम स	13. 1 1 1-11E 2 NAME 1 3 STREET ADDRESS 1.4 City - ST- ZIP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI Rt. 1, Box 155-A	purpose of changing its reappointment as registered DATE DATE Change	egistered office agent. I am
Tamilar Wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature for All medical research OF PST GREENE, DELOR 370 S. JEFFERSI	ons of, Section 602,0505, Fi register agent and the transmission FICERS AND DIRECTORS LIES A ON ST.	orida Statules JOELETE DELETE	13. 1 1 T-TLE 2 NAME 1 3 STREET ADDRESS 14 CITY - ST - ZIP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI Rt. 1, Box 155-A	purpose of changing its reappointment as registered DATE DATE DEFICERS AND DIRECTOR Change 32344 Change	agistered office agent. I am RS IN 12 X Addition
FAMILIAN WITH SIGNATURE 112. TIFEE NAME STREET ADDRESS CITY-SI-ZIP TIFEE NAME STALET ADDRESS CITY-SI-ZIP TITLE NAME	Signature for All medical research OF PST GREENE, DELOR 370 S. JEFFERSI	ons of, Seation 602,0506, Fi	orida Statules JOELETE DELETE	13. 1 1 T-TLE 2 NAME 1 3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI Rt. 1, Box 155-A	purpose of changing its reappointment as registered DATE DATE DEFICERS AND DIRECTOR Change 32344 Change	egistered office agent. Fam
Tamilar Wi SIGNATURE TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME TITLE NAME NAME	Signature for All medical research OF PST GREENE, DELOR 370 S. JEFFERSI	ons of, Seation 602,0506, Fi	OFICETE DELETE DELETE	13. 1 1 1-1LE 2 NAME 1 3 STREET ADDRESS 1.4 CITY - ST - ZIP 2 1 TITE 22 NAME 23 STREET ADDRESS 2.4 CITY - ST - ZIP 3 1 TITE 32 NAME 33 STREET ADDRESS 3.4 CITY - ST - ZIP 4 1 TITE 42 NAME	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI Rt. 1, Box 155-A	purpose of changing its reappointment as registered DATE DATE DEFICERS AND DIRECTOR Change Change	agistered office agent. I am RS IN 12 X Addition
Tamilar Wi SIGNATURE 112. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Signature for All medical research OF PST GREENE, DELOR 370 S. JEFFERSI	ons of, Seation 602,0506, Fi	OFICETE DELETE DELETE	13. 1 1 1 1 1 LE 2 NAME 1 3 STREET ADDRESS 14 CITY - ST - ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST - ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI Rt. 1, Box 155-A	purpose of changing its reappointment as registered DATE DATE DEFICERS AND DIRECTOR Change Change	egistered office agent. Fam
TAMME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Signature for All medical research OF PST GREENE, DELOR 370 S. JEFFERSI	ons of, Section 607,0505, Frince of Section 607,0505, Frin	OFICETE DELETE DELETE	13. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI Rt. 1, Box 155-A	purpose of changing its reappointment as registered DATE DATE DEFICERS AND DIRECTOR Change Change	egistered office agent. Fam
TAME SIGNATURE THE NAME STREET ADDRESS CITY-SI-ZIP THE NAME	Signature for All medical research OF PST GREENE, DELOR 370 S. JEFFERSI	ons of, Section 607,0505, Frince of Section 607,0505, Frin	Orida Statutes Avoil 6 DELETE DELETE DELETE	13. 1 1 1 1 1 LE 2 NAME 1 3 STREET ADDRESS 14 CITY - ST - ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 5 1 TITLE 52 NAME	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI Rt. 1, Box 155-A	purpose of changing its reappointment as registered DATE DATE DEFICERS AND DIRECTOR Change Change Change	egistered office agent. I am RS IN 12 RS IN 12 Addition Addition
Tamilar Wi SIGNATURE TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature for All medical research OF PST GREENE, DELOR 370 S. JEFFERSI	ons of, Section 607,0506, Fi	DELETE DELETE DELETE	13. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI Rt. 1, Box 155-A	purpose of changing its reappointment as registered DATE DATE DEFICERS AND DIRECTOR Change Change Change	egistered office agent. I am RS IN 12 RS IN 12 Addition Addition
Tamiliar Wi SIGNATURE 12. THE NAME STREET ADDRESS CITY-SI-ZIP THE	Signature for All medical research OF PST GREENE, DELOR 370 S. JEFFERSI	ons of, Section 607,0506, Fi	Orida Statutes Avoil 6 DELETE DELETE DELETE	13. 1 1 T-TLE 2 NAME 1 3 STREET ADDRESS 14 City - ST - Zip 3 1 TITLE 22 NAME 23 STREET ADDRESS 24 City - ST - Zip 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 City - ST - Zip 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 City - ST - Zip 6 1 TiTLE	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI Rt. 1, Box 155-A	purpose of changing its reappointment as registered DATE DATE DEFICERS AND DIRECTOR Change Change Change	egistered office agent. I am RS IN 12 RS IN 12 Addition Addition
Tamiliar Wi SIGNATURE 12. THE NAME STREET ADDRESS CITY-SI-ZIP THE	Signature for All medical research OF PST GREENE, DELOR 370 S. JEFFERSI	ons of, Section 607,0506, Fi	DELETE DELETE DELETE	13. 1 1 1 1 1 LE 2 NAME 1 3 STREET ADDRESS 14 CITY - ST - ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 5 1 TITLE 52 NAME	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI Rt. 1, Box 155-A	purpose of changing its reappointment as registered DATE DEFICERS AND DIRECTOR Change Change Change Change	agistered office agent. I am RS IN 12 RS IN 12 Addition Addition
Tamiliar Wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SL-ZIP	ith, and accept the obligation of OF PST GREENE, DELOR 370 S. JEFFERSI MONTICELLO FL	ons of, Seation 607,0506, Fi	OFFICE STATUTES OFFICE OF OFFICE OF OFFICE	13. 1 1 T-TLE 2 NAME 1 3 STREET ADDRESS 14 CHY-ST-ZIP 2 THILE 22 NAME 23 STREET ADDRESS 4 CHY-ST-ZIP 4 THILE 42 NAME 43 STREET ADDRESS 44 CHY-ST-ZIP 4 THILE 52 NAME 53 STREET ADDRESS 5 THILE 52 NAME 53 STREET ADDRESS 5 THILE 52 NAME 53 STREET ADDRESS 54 CHY-ST-ZIP 6 THILE 62 NAME 63 STREET ADDRESS 64 CHY-ST-ZIP 6 THILE 62 NAME 63 STREET ADDRESS 64 CHY-ST-ZIP 6 THILE 62 NAME 63 STREET ADDRESS 64 CHY-ST-ZIP 6 THILE 62 NAME	ADDITIONS/CHANGES TO C SEC/TREAS. RUTH A. GORSKI Rt. 1, Box 155-A	purpose of changing its reappointment as registered DATE DATE DEFICERS AND DIRECTOR Change Change Change Change	agistered office agent. I am RS IN 12 RS IN 12 Addition Addition Addition Addition