FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00												
	PROFIT CORPORATION ANNUAL REPORT <b>1996</b>				Sandra B Secretar			TMENT OF STATE Mortham y of State ORPORATIONS				
			#	240898	}	(7)						
		rds far	MS,	INC.								
						<b></b>						
					ailing Address 2502 OAK LANDING DR.							
PO BOX 17744 BRANDON FL 33511 US			PO BOX 17744 BRANDON FL 33511 US							3. Date Incorporated or Qualified     3a. Date of Last Report       10/06/1960     07/20/1995		
2. P 21	rincipal Pla	ace of Busine	əss		2a. 26	Mailing Address					4. FEI Number Applied For 59-0943499 Not Applicable	
	Suite, Apt. #	iite, Apt. #, etc.			27	Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required	
	ity & State				28	City & State					6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees	
	ίp		25	ountry	29	Zip	Co.	untry			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No	
A		9. Name	and A	ddress of Current	Regis	tered Agent		81	Name		10. Name and Address of New Registered Agent	
	2502 OA	ds, linda NK landin NN FL 335	ig dr					82 83		ddres	ss (P.O. Box Number is Not Acceptable)	
								84	City		FL 85 Zip Code	
	or registere	ed agent, or	both, i	n the State of Florida	. Sucł	) change was authorize 0505, Florida Statutes.	d by the	corpo	amed corporation's b	oard	tion submits this statement for the purpose of changing its registered offic of directors. I hereby accept the appointment as registered agent. I am 1 - 14 - 96	
12.		Signature, typed	o printed	name of registered agent an OFFICERS AND		applicable (NO1)	E: Registered	d Agenl	signature req	uired w	When ministating DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		PDS				DELETE	1.11				Change 🗋 Addition	
NAME	1 ADDRESS	RICHAR 2502 0		inda, b Inding dr.				IAME TREET	ADDRESS			
	\$1-21P	BRAND				, <u> </u>		17Y-S1		<b>.</b>		
TITLE NAME						DELETE	2.1 2.2 N				🗋 Change 🔲 Addition	
	TADDRESS			-					ADDRESS			
CITY TITLE	ST-ZIP		· -				240 311	HTY-SI HTLE	I-ZIP		Change 🗋 Addition	
NAME						_	32 N	IAME				
	I ADDRESS ST-ZIP							STREET STREET	ADDRESS			
TITLE						DELETE	4.11		-20		🗋 Change 🔲 Addition	
NAME							4.2 N					
	ET ADDRESS ST - ZIP							ITREET Sity-Si	ADDRESS [-7]P			
TOLE			<b>-</b> .			DELETE	5 11		· · · · · ·		Change 🗋 Addition	
NAME							52 N					
	E1 ADORESS ST-ZIP							ITREET HTY - S'	ADDRESS			
TITLE						DELETE	6 11				Change Addition	
NAME							62 N					
	1 ADDRESS							TREET	ADDRESS			
14.	I do hereb certify that	the information	tion inc	licated on this annual	repor	t or supplemental annu	hed and al report	does is tru	s not qualif e and acc	urate	r the exemption stated in Section 119.07(3)(k), Florida Statutes. I further e and that my signature shall have the same legal effect as if made under	
	appears in	Block 12 or	Block	13 if changed, or on	an ati	achment with an addre	SS.				report as required by Chapter 607, Florida Statutes; and that my name	
SI	GNAT	URE:	-	inter.	٢ī	chards (	ind	a_	B. Ru	ch	ands 1-14-96 B13-684-0300	