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

PROFIT CORPORATION ANNUAL REPORT



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

1996

45NT (066000

(4)

1. Corporation N		5 (4)				
Principal Place of Business Mailing		Mailing Address	ng Address			DIBII BIQII BIQII BIQII BIQII BIQII IBBI
6040 N.SUNC		6040 N.SUNCOAST BL	VD.			
P.O. BOX 1015		P.O. BOX 1015				
CRYSTAL RIV	ER FL 34423-8015	CRYSTAL RIVER FL 34	423-0015		3. Date incorporated or Qualified 3a 01/14/1963	Date of Last Report 05/01/1995
		"La Malua Adama			4. fEl Number	Applied For
2. Principal Plac	ce of Business	2a. Mailing Address		59-0995313	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
2		27		5. Certificate of Status Desired	Fee Required	
City & State		Oty & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z ip	Country	7 _(p)	Country		8. This corporation has liability for intang	
24	25	29	30		Florida Statutes	
	9. Name and Address of Curren	t Registered Agent		r	10. Name and Address of New Regis	tered Agent
			81			
	CH, CARL A.		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
537 E.PARK AVENUE				3		
TALLAH	ASSEE FL 32301		65	Ì		
			84 City			FL 85 Zip Code
SIGNATURES	Superficient typerfloor promote name of a hope-type of agend OFFICERS ANI	D DIRECTORS	13.	ntsgoatae regan	ADDITIONS/CHANGES TO OFFICER	
TITLE	STD	DELETE	1.11111.6			Change Addition
NAME			1.2 NAME			
STREET ADDRESS				1 ADDRESS		
CHY-ST-ZIP	PD PD	DELETE	14 CITY - 2 1 Till E	S1 - 7.P		Change Addition
TITLE NAME	RICH, CURTIS A SR		2.2 NAME			
SIREET ADDRESS	AND ALCOHOLOGICAL CONTROL OF THE CON			L ADDRESS		
CITY - ST - ZIP	CRYSTAL RIVER, FL 00000		2 4 CITY -	S1-ZIP		
TITLE	VPD	☐ DELETE	3 1 TiTLE			Change Addition
NAME	RICH, CURTIS A II		3.2 NAME			
STREET ADDRESS	6040 N SUNCOAST BLVD		33 STHE	EL ADDRESS		
CITY - \$1 - ZIP	CRYSTAL RIVER, FL 00000	- FIRMAN	3.4 City			Change Addition
TITLE		☐ DELETE	4. 1 TITLE			Clarge C Noorden
NAME			4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS			4.4 CIEY - ST. ZIP			
CiTY - ST - ZIP TITLE		DELETE	5 1 1 II.E			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				- LADDRESS		
CHTY-ST-ZIP			5.4 C/TY	ST ZIP		
TITLE	☐ DELETE		6 1 TI! LI			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STRE	ET ADDRESS		
	i		C 1 C(7)(CT TIC		

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 armual 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

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 352 7954193

CR2E034 (12/95)