PI CORF ANNUA	NOW: FILING FEE ROFIT PORATION AL REPORT 996	FLORIDA DEPAF Sandra E Secreta	<b>S \$225.UU</b> RTMENT OF STATE 3. Mortham ry of State CORF/ORATIONS		
DOCUN 1. Corporation P RED BA		8 (0)			NTLL AVAUL BLAVE BLAVE BLAVE BLAVE BLAVE VART
Principal Place c	f Business	Mailing Address			
2058 BEE RIDGE ROAD SARASOTA FL 34239		2058 BEE RIDGE ROAD Sarasota FL 34239	1		
			····	3. Date Incorporated or Qualified 05/08/1968	3a. Date of Last Report 04/27/1995
2. Principal Plac	e of Business	2a. Mailing Address 26		4. FEI Number 59-1214621	Applied For Not Applicable
Suite, Apt. #,	elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	<ul> <li>B. This corporation has liability for in Florida Statutes</li> <li>Yes</li> </ul>	tangible tax under s 199.032,
	9. Name and Address of Curren		81 Name	10. Name and Address of New Re	<u> </u>
2325 FLC SARASO 11. Pursuant to or registeree familiar with	R, MARGARET A. DRIDA ST. TA FL 34231 the provisions of Sections 607.0502 d agent, or both, in the State of Florid , and accept the obligations of, Secti	ia. Such change was authorize	83 84 City	ess (P.O. Box Number is Not Acceptable ation submits this statement for the purp rd of directors. I hereby accept the appo	FL 85 Zip Code
	ignature, typeo or printed name of registered agent OFFICERS ANI		E Registered Agent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	
12. TITLE NAME STREET ADDRESS	PVD FLETCHER, MARGARET A. 2325 FLORIDA ST. SARASOTA FL	DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS		DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
City-St-Zip Title NAME Street ADDRESS	d Fletcher, John L. 2325 Florida St.	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREFT ADDRESS	SARASOTA FL TSD FLETCHER, ROBERT J. 1258 3 ST SARASOTA FL	DELETE	2 4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change [1] Addition
CITY-ST-ZIP TITUE NAME STREET ADDRESS		DEL ETE	3 4 C(TY - ST - ZP 4. 1 TITLE 4. 2 NAME 4. 3 STREET ADDRESS 4.4 C(TX - ST - ZP)		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP		DELETE	6. 1 TITLE 6 2 NAME 6 3 STREET ADORESS 6 4 CITY - ST - ZIP		Change Addition
certify that oath; that I	the information indicated on this annu am an officer or director of the corpo Risel, 10 as Risel, 12 if abageed, or d	ual report or supplemental annu- ration or the receiver or trustee	al report is true and accurate empowered to execute the the termination of termination o	for the exemption stated in Section 119.0 ale and that my signature shall have the is report as required by Chapter 607, Fic Fletcher, 4/12/	same legal effect as if made under rida Statutes; and that my name