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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

345638 DOCUMENT #

(1)

ij.	OVD	HIII	INLF)	, INC.
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Mailing Address Principal Place of Business 281 CARISSA DRIVE 281 CARISSA DRIVE PO BOX 158 PO BOX 158 PAHOKEE FL 33476 3. Date incorporated or Qualified PAHOKEE FL 33476 05/05/1969 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 50-1260399

اند		1261		00 160000		
Su	uite, Apt. #, etc.	Suite, Apt #	r, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 Cr	rty & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zış	p Country	- Zφ 	Country 30	This corporation has lability for intar Florida Statutes Yes] No	
24	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
	HUNDI FY JOHN		81 Name	ddress (P.O. Box Numiber is Not Acceptable)		

HUNDLEY JOHN 1216 E. GALLOP LOXAHATCHEE FL 33476

	83	
	84	City FL 85 Zip Code
o abr	L	named corporation submits this statement for the purpose of changing its registered office

3a. Date of Last Report

04/27/1995

Applied For

Not Applicable

11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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ry - \$1 - 21 ⁵		64 CITY - S' - ZIP	for a state of in Contine 110 07/3/ld Florida Statutes further

14. If do hereby certify that the information supplied with this fung is voluntarily furnished and does not qualfy for the exemption stated in Section 119 07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under certify that the information indicated on this composition 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:

All But Couly SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADA BUSH CONLEY

4/20/96

407-924-5651