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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation FLOW		_ (~)					
Principal Place of	of Business	Mailing Address					OU BIEN OFON BIEN NOO
1351 S. WASHINGTON AVE. TITUSVILLE FL 32780		1351 S. WASHINGTON AVE. TITUSVILLE FL 32780					
					3. Date Incorporated or Qualified 03/11/1974	3a. Date of La 06/1	ast Report   <b>5/1995</b>
_2. Principal Plai 21	Principal Place of Business 2a. Mailing Address 26				4. FEI Number NOT APPLICABLE	ABLE Applied For Not Applicable	
Suite, Apt. #			uite, Apt. #, etc.		5. Certificate of Status Desired	1 1	3.75 Additional Fee Required
City & State		City & State	City & Stute		6. Election Campaign Financing	\$	5.00 May Be
<b>23</b> Ζιρ	Country	<b>28</b> ]	Countr	····································	Trust Fund Contribution  8. This corporation has liability for in		Added to Fees ters, 199 032
24	25 29 3			)			
	9, Name and Address of Current	Registered Agent		7	10. Name and Address of New Re	egistered Agen	ŧ
			81	Name			
	F SEASE		82	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
	REVINO CIRCLE		83				
111024	ILLE FL 32780		0,	'			
			84	City		FL 85	Zıp Code
SIGNATURE	Rijnakor lijsed or jeolot to invest raju teolot a ju ilijo OFFICERS AND		76 E. 165 St Ap	ിടുന്ദ് ക് ആന്	False relations ADDITIONS CHANGES TO OFFE	DATE CERS AND DIRE	CTORS IN 12
TITLE	POT	DELETE 1:					
NAME	PARTELOW, SARAH F SEASE		1.2 NAME				
STREE! ADDRESS	3458 TREUINO CIRCLE		13STREE	LADDRESS.			
CITY · ST · ZIP			14 C/TY -				
TITLE	D DICHARD F	DELETE 21				☐ Cha	ange 🔲 Addition
NAME STREET ADDRESS	Taylor, Richard E 1127 S Patrick dr		2.2 NAME	1			
City-S1-ZiP	SATELITE BCH, FL 00000		23 STREE	T ADDRESS			
TITLE	SD	DELETE	3 1 TITLE			☐ Cha	ange [ ] Addition
NAME	BIVINGS, LOLA M		3.2 NAME	i			
STREET ADDRESS	1601 E WHISPERING HILLS			LT ADDRESS			
CITY-ST-ZIP	TITUSVILLE, FL 00000			S1-ZIP			
TITLE	VD	DELETE 41T			☐ Change ☐ Addition		
NAME	TWITTY, MICHAEL		4.2 NAME				
STREET ADDRESS	6316 BOYKIN SPANIEL RD. CHARLOTTE NC			LADDRESS			
DITY-ST-ZP TITLE	CHARLUTTE NC	DELETE	4.4 CHY- 5.1 THE	· ·		□ Ch	ange
NAME			5 T THE			☐ Cha	ingo Madellott
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			5.4 City-				j
TITLE		DELETE 6.11					inge 🔲 Addition
NAME			5.2 NAME			_	
STREET ADDRESS			6.3 STREE	LADDRESS			
CITY-ST-ZIF			6.4 CITY -				
14. I do hereby	certify that the information supplied w	ito this filing is voluntarily fum	ished and do	es not qualify for	or the exemption stated in Section 119.0	)7(3)(k), Florida S	Statutes. I further

4. I do nereby 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 animal report as supplied and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trustee an powered to execute this report as regulated by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an addinus.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 407-267-2135