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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

484982

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STUART FL 3	133/	SIDNUL LE 24251		3. Date Incorporated or Qualified 09/24/1975	3a. Date of Last Rep 04/21/1995	
2. Principal Pla	oo of Business	2a. Maling Address		4. FEI Nuniber		oplied For
z. Filioparra	Ce Or Dusiness	26		59-1621301	No	ot Applicable
Suite, Apt. #	, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	T	Additional equired
City & State	A 72,7-1-	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25 9. Name and Address of Curren	t Banktored Agent	30	10. Name and Address of New F		
BOBO, GERALD W 6568 S E FEDERAL HIGHWAY STUART FL 34997		81 Name 82 Street Ac	ddress (P.O. Box Number is Not Acceptat	ole;		
STUART	FL 34997		84 City		85 Zip	Code
					FL °° ***	
	o the provisions of Sections 607,0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Sect			poration submits this statement for the pulloard of directors. I hereby accept the app	roose of changing its re	gistered office agent. Fam
or registere familiar wit	ad agent, or both, in the State of Floridh, and accept the obligations of, Sect Synature, hand or protect name of registrational CFFICERS AN	da. Such change was authorion 607.0505, Florida Statute and the days and a	IZEG by the corporation's bias. 13.	oard or directors. Thereby accept the app	rpose of changing its re cointment as registered a traile ICERS AND DIRECTOR	RS IN 12
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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 annual 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 truese 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

GEGALD W. Bobo

4/15/96

407-286-3305

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _