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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

	Name	48 (5)			<b>\</b>		
PART	IN'S, INC.						
Principal Place	of Business	Mailing Address	<del>-</del>				
313 CENTR	E STREET	313 CENTRE STRE	ET				
PO BOX 52	25 NA BCH FL 32034	PO BOX 525 FERNANDINA BCH	FI 32034			Ta. 5	
renivalibili	IN DON'T L 02004	TEMPLIAN DOLL	1 L 02004		3. Date Incorporated or Qualified	3a. Date of Las	•
Dringing Dia	upo of Dualnoop	2a. Mailing Address			11/10/1975 4. FEI Number	1 04/2/	7/1995 Applied For
. Principal Place of Business		26 26		59-1731580		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.	<b>75</b> Additional	
		27			5. Certificate of Status Desired		ee Required
City & State		City & State			6. Election Campaign Financing		.00 May Be
		28	1 6		Trust Fund Contribution	AO	ided to Fees
Zip I	Country	Zip <b>29</b>	Count 30	ry	8. This corporation has liability for Florida Statutes	∍ntangibie tax unde s □ No	rs 199.032,
<u> </u>	9. Name and Address of Curr				10. Name and Address of New F		
			8	1 Name			,
DIALO	OK, ROBERT N			2 Street Addr	ress (P.O. Box Number is Not Acceptate	hle)	
	15TH ST		[*	2 Sileet Addi	1 C. Dox Halling to Hot Account		
	NDINA BCH FL 32034			3			
FERNANDINA DON FL 32034			84 City			<b></b> 85	Zip Code
				1 '	ration submits this statement for the pu	F1	
familiar wit RIGNATURE	h, and accept the obligations of, So	ection 607.0505, Florida Statute	es.	porduon o bos	ard of directors. I heroby accept the app		
•	oldustrile. Aben or burien Jeu e o Jeñizroien añ	not and tide it made able 6	OTE - Property of A	over Figure to receive	on when minetative	DATE	
		ent and title if applicable (N ND DIRECTORS	VOTE: Registered A	grant signature recjuire	a when reinstating)  ADDITIONS/CHANGES TO OFF	DATE FICERS AND DIREC	CTORS IN 12
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oath; that I am an officer or director of the corporation or the receiver or trustee emappears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

STRIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 904-261-4241 Date Oxylere Phone 4

CR2E034 (12/95)