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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

Corporation I	MENT # 50016 DWARD ENTERPRISES, INC		(6)			A IDANA: DIKIN ATAK ATAK ATAK	H <b>a</b> nn ann ann ann an	H
Trincipal Place of Business Mailing Address  113 WEST WOODWARD 113 WEST WOODWARD P O BOX 659 P O BOX 659				RD				
EUSTIS FL 3	2726	İ	EUSTIS FL 32726			3. Date Incorporated or Qualified 03/31/1976	3a. Date of La	st Report 1/1995
Principal Plac	ce of Business	2a.	Mailing Address			4. FEI Number		Applied For
		26	Ode but & ste			59-1656482	**	Not Applicable  3.75 Additional
Suite, Apt. #,	, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	11	Fee Required
Oity & State			City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees
Zф	Country 25		Zφ	Cour	ntry	8. This corporation has liability for in Florida Statutes Yes		iers 199.032,
	g. Name and Address of Curren		ered Agent			10. Name and Address of New R	egistered Agen	t
	A JEIAMPANA A				81 Name			
SEMENTO, LAWRENCE J.			82 Street A		82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
531 NORTH BAY STREET EUSTIS FL 32726				-	83			
2000	1 2 32,23			•	84 City		85	Zip Code
							FL	,
<ul> <li>or registere</li> </ul>	id agent, or both, in the State of Floric i, and accept the obligations of, Secti	da. Such ion 607.0	change was authorize	ed by the c	corporation's boa	ration submits this statement for the pur ird of directors. I hereby accept the appo	ointment as regis	tered agent. I am
or registere familiar with SNATUREs	i, and accept the obligations of, Sections of Sections	ion 607.0 and the if a	change was authoriz 0505, Florida Statutes pracase (NC TORS	ed by the c	corporation's boa	ird of directors. Thereby accept the appo	DATE	ECTORS IN 12
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certify that the information indicated on this annual report of supplementar annual report is true and accurate and that my signature shall have the same legal effect as it made under earlier, that I am an officer or director of the corporation 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:

Hatth Soulet 2-3-96
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR