## 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

535655 **DOCUMENT #** 

(5)

Principal Place of 46 OGDEN I ROCKLEDGE	DR	HIA, ING		ing Address 46 OGDEN DR ROCKLEDGE FL 32	955							
US	C 1 C 02 300		US					3. Date incorporated or Qualified 3a. Date of Last Report 05/24/1977 03/14/1995		95		
2. Principal Pla	ce of Business		2a.	Mailing Address					4. FEI Number		<b>————</b>	Applied For Not Applicable
21	<del> </del>			Suite, Apt. #, etc.					\$8.75 Addition			
Suite, Apt. #	, etc.		27	Buile, Apr. #, etc.					5. Certificate of Status Desired			Required
City & State				City & State					6. Election Campaign Financing			May Be
3			28						Trust Fund Contribution			to Fees
Ζιρ	—— <u> </u>	Country		Z∙p	}	untry		1	This corporation has liability for in Florida Statutes     Yes		x under s	199.032,
24	25	Address of (	29 Current Registe	ered Agent	30	Т			10. Name and Address of New R		Agent	
	9, Name and	Audiess of C	Done in Hogier	olou Agoin		81	Name					
WALTER, DAVID L.						82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)			
	DEN DR										<u> </u>	
	EDGE FL 329	55					83					
						84	City			FL	85 Zij	o Code
11. Pursuant to	o the provisions	of Sections 60	7.0502 and 607	.1508, Florida State	ites, the at	oove-r	named co oration's l	porati	on submits this statement for the pur of directors. I hereby accept the app	rpose of cha	anging its r	egistered office agent. Lam
or registere familiar witi	ed agent, or both th, and accept th	n, in the State of e <b>Ch</b> liga <b>tio</b> ns o	of Florida, Such of, Section <b>797</b> .0	change was author 1505, Florida Statuti	es.	· corp	Olaliona	, LOSIO	of directors. Prioredy decopy the app	_	- CL	<i>*</i>
SIGNATURE		77.	- V /-	-								
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	Signature, typed or prin			p	NOTE - Register		nt signature re	equired w		DATE	DIRECTO	DRS IN 12
12.			red agent tid tille if ar RS AND DIRECT	TORS	13		nt signature re	equired w	hen renerating) ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
<b>12.</b> THLE	PTD	OFFICE		p	1.1		nt signature re	equired w		ICERS AND		
12. THILE NAME	PTD WALTER,	OFFICEI  DAVID L.		TORS	13 1, 1 1, 2	TITLE NAME	nt signature re	equired w		ICERS AND		
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14. Ido 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 cath; 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 or an attachment with an address.

SIGNATURE:

407-632-6076