PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUM 1. Corporation f PENELO	MENT # Name CO, INC:	535992	(2)				1 10 10 11 11 11 11 11 11 11 11 11 11 11			
Principal Place of Business 3711 CORTEZ RD W STE - 300 BRADENTON FL 34210			Mailing Address 3711 CORTEZ RD WEST STE - 300 BRADENTON FL 34210 US		3. Date Incorporated or Qualified 3a. Date of Last Report					
US			US			**************************************	05/23/1977		05/01/199	
2. Principal Plac	ce of Business		2a. Mailing Address				4. FEI Number 59-1759030			oplied For ot Applicable
_	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		T -	Additional equired
City & State			City & State				Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
Zip	25		Zip Country 30				s 🗌 No			
· · · · · · · · · · · · · · · · · · ·	9. Name and A	ddress of Current F	Registered Agent		81	Name	10. Name and Address of New	Registere	a Agent	
NEAL, PAUL, JR. 3711 CORTEZ RD STE - 300 BRADENTON FL 34210				82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code				Code		
or registere familiar with	nd agent, or both, h, and accept the	in the State of Florida. obligations of, Section thank of registered agent and	o title Lapplicable	les.			ration submits this statement for the p and of directors. I hereby accept the ap ad when reliabiling. ADD/TIONS/CHANGES TO OF	DATE	,	
12. Till&	VSD	OFFICERS AND I	DINECTORS		1171, F				Change	Addition
NAME STREET ADDRESS		EZ RD / STE - 300	1	1.33		ADDRESS				
CHY-ST-ZIP	BRADENTOI PTD	N FL	DELETE		DITY - S TITLE	51 - ZIP	The state of the s		Change	Addition
TITLE NAME STREET ADDRESS	NEAL, PAUL 3711 CORT		22	NAME	ADDRESS					
	BRADENTO	N FL			COLY-S TITLE	61-2IF			Change	Addition
CITY-ST-7IP				J. 1	HILL	İ				
TITLE NAME	SD BYRNES, K	AREN L.			NAME etoco	T APPROPERCY				
THLE NAME STREET ADDRESS	BYRNES, KA 3711 CORT	ez RD W / Ste - 3		3.3.	STREE	T ADDRESS ST-ZIP				
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14. 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 logal effect as if made under 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 logal effect as if made under certify that the information indicated on this annual report or supplemental annual report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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