SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

A LANGER BOULD BLEAD MIERO COME BLOCK BLOCK BLOCK BLOCK BLOCK BLOCK BLOCK BLOCK

06/12/96 813-884-6851

1996
DOCUMENT #

SIGNATURE:

543946

(8)

R	Δ	C	$\triangle \Box$	INT	ING	CED/	ICES.	INC
D	м	u	ww	JNI	ING	acny	IUFS.	INC.

Principal Place	e of Business	Mailing Address	a innifte Marite Bridde treift tillige Millie Alti	ararı ararı biğit Biğit Biğit Biğit 1883				
7918 PAT BO TAMPA FL 33		P O BOX 263037 TAMPA FL 33684						
US		U\$			3. Date Incorporated or Qualified 08/26/1977	3a. Date of Last Report 04/20/1995		
一 ・	lace of Business	2a. Mailing Address			4. FEI Number 59-1766121	Applied For		
Suite, Apt	# etc	Suite, Apt. #, etc			39-1700121	Not Applicable		
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State	-		6. Election Campaign Financino	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	/	8. This corporation has liability for in	tangible tax under s. 199 032,		
24	[25]	29	30		Florida Statutes	Yes No		
	9. Name and Address of Curre	nt Registered Agent	81	Nome	10. Name and Address of New Reg	istered Agent		
	ACK, BERNICE H.		61	81 Name				
	18 PAT BLVD.		82	Street Add	fress (P.O. Box Number is Not Acceptable)		
TA	MPA FL 33615		83					
			63					
			84	City		FL 85 Zip Code		
11. Pursuant I	to the provisions of Sections 607 050	12 and 607 1508. Florida Stat	utes the above	-named corr	poration submits this statement for the pur	pose of changing its registered		
onice or n	egistered agent, or both, in the State m familiar with, and accept the oblig	i Ol Florida. Such change wai	s authorized by	the corporat	ion's board of directors. I hereby accept t	ne appointment as registered		
	m animal with and accept the oblig	ations of, section 607.0505,	riorida Statutes					
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (f	IOTE Registered Ag	ent signatura requi	rred when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12		
TITLE	Р	DELETE	1 1 TITLE			Change Addition		
NAME	BLACK, BERNICE H.		1.2 NAME					
STREET ADDRESS		B PAT BLVD	1 3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33615		1.4 CITY - 5	IT - ZIP				
TITLE		DELETE	2 1 TITLE			Change Addition		
NAME			: 22 NAME					
STREET ADDRESS			23 STREET	ADDRESS				
CITY-ST-ZIP		DOLETE.	2 4 C(TY -	ST-ZiP				
TITLE		DELETE	3 1 TITLE			Change Addition		
NAME .			3.2 NAME					
STREET ADDRESS			3 3 STACET					
CHY+ST-ZIP TITLE		DELETE	3.4 CITY -	ST ZIP		Change		
NAME		Land Decere	4 2 NAME			Change Addition		
STREET ADDRESS			4 3 STREET	AUUDECC				
CITY-ST-ZIP			4.4 CiTY - S					
TITLE		DELETE	5.1 TITLE	-1 - <u>(</u> F		Change Addition		
NAME			5 2 NAME			30 [
STREET ADDRESS			5 3 STREET	ADDRESS				
CITY-ST-ZIP			5 4 CITY - 5					
TITLE		DELETE	6 1 TITLE			Change Addition		
NAME			6.2 NAME					
STREET ADDRESS			6 3 STREET	ADDRESS				
CITY - ST - ZIP		•	6 4 CITY - S	T-ZIP				
14. I do hereb	by certify that the information supplies	d with this filing is voluntarily	furnished and o	does not qua	lify for the exemption stated in Section 11	9 07(3)(k), Florida Statutes		
made und that my na	ler oath, that I am an officer of threct ame appears in Block 12 a Block 13	or of the corporation or the re if changed, or on an artachm	nental arinual r eceiver or truste lent with an add	eport is true a e empowere Iress.	and accurate and that my signature shall d to execute this report as required by Ch	lave the same legal effect as if apter 617. Florida Statutes, and		