FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUM 1. Corporation I FIRST		ζ-/				(1 . 11 . 11 . 11 . 11 . 11 . 11 . 11 .	
Principal Place of Business Mailing Address							
377 MAITLAND AVE., SUITE 209 377 MAITLAND AVE., SI ALTAMONTE SPRGS, FL 32701 ALTAMONTE SPRGS, FL							
					3. Date Incorporated or Qualified 05/12/1978	3a. Date of Last 05/01/	
2. Principal Piac	cipal Place of Business 2a. Mailing Address 26				4. FEI Number 59-1819054		Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	□ \$ 5.	00 May Be
Zip Country 25		7/p	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
<u></u>	9. Name and Address of Curr				10. Name and Address of New R		
	The state of the s		81	Name			
WHITING, JEFFREY 377 MAITLAND AVE., SUITE 209			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	INTE SPRINGS FL 32701		83	***************************************			
			84	City		FL 85	Zip Code
signature	, and accept the obligations of. Se ghalize, நேளின் நாக்க மாக சரிது சில்சது OFFICERS A	ction 607.0505, Florida Statut	GS. NO`E Exymbolic Age ■ 13.		d of directors. Thereby accept the application of t	3140	
TITLE	P	DELETE	1 1 TH.E			☐ Change	Addition
NAME	THE ASSET LAST AND ADD		1.2 NAME				
S'REET ADORESS	ALTHANITE ADDOOR FLAGAGE		1.3 STREE				
CITY-ST-ZIP TITLE	DEL		1.4 CHY+S1+ZIP 2.1 TITLE			Change	Addition
NAME			2.2 NAME			C amang	
STREET ADDRESS			2 3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CiTy - 9	i1 - 21F			
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NAME			3.2 NAME				
STHEET ADDRESS CITY-ST-ZIP			3.3 STREE				
TITLE	T DELETE		3 4 CITY S	1 - ZiF		Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	440		4.4 CiTY - 9	r-zie			
TIFLE		☐ DELETE	5 1111.6			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIF TITLE		DELETE	5.4 CiTV - S 6.1 Title	T- 7IP			
NAME		E DEFFE	6 2 NAME			Change	:
STREET ADDRESS			63 STREET	ADDRESS			
CITY - ST - ZIP			64 CITY S	ì			
14. I do hereby	certify that the information supplies	I with this fling is voluntarily fu	mished and doe	s not qualify f	or the exemption stated in Section 119.0	7(3)(k), Florida Stat	utes I further

certify that the mornitation indicated on this arinted report of supplicificant report is true and accurate and that my signature shall have the same legal effect as it made under oath; 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 13 if changer!, or on an attachment with an aridress

SIGNATURE: __

JETTROJ WHITING

5/30/9L