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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

576603

(5)

DDECTICE	MANAGEMENT	CODDODATION
LUES HOL	MANAGEMENT	GURPURATION

Principal Place of Business Mailing Address							1 188181	Marie Langen Aleba Arbie A		81811 BIBIT BIS	at pipi	i BiBil Albii 1561	
10031 DEER NEW PORT R	LN RICHEY FL 34654	10031 DEER LN NEW PORT RICHEY FI	L 34654										
							 Date Incor 06/22/ 	porated or Qualific	od 3	a. Date of I 05/2			
2. Principal Pla	ace of Rusiness	2a. Mailing Address				1	4. FEI Numb				\Box	Applied For	
21		26					59-17	333406				Not Applicable	
Suite, Apt #		Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate	of Status Desired		, \$		5 Additional Required	
Orty & State		City & State	F1					ampaign Financing I Contribution	' _	;	•	May Be	
Zip 24	Country 25	Ζιρ 29	— ·				This corporation has liability for intangible tax under s 199,032, Florida Statutes						
	9. Name and Address of Curren	t Registered Agent				1	0. Name an	d Address of Nev	v Regis	stered Age	nt		
				B1	Name								
CURLEY 10031 D	, gerald m Eer Ln		-	82	Street A	Address ((P.O. Box Nur	mber is Not Accep	table)				
NEW PO	RT RICHEY FL 34654			83								······································	
			[;	84	City					FL 8	5 Zi	p Code	
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	da. Such change was authoriz	red by the co	re-n	named co oration's l	orporation board of	submits this directors. The	statement for the ereby accept the a	purpose ppointn	of changin	ng its r stered	registered office if agent. I am	
	Styriction, typical or printed name of registered agent		TE Registered A	\gun!	t signature re	required when	reinstaling)			DATE			
12.	OFFICERS AND		13.				ADDITIONS	S/CHANGES TO C	FFICEF				
NAME STHEE! ADDRESS	PD CURLEY, GERALD M. 10031 DEER LN NEW PORT RICHEY FL	☐ DELETE	1	ME Rée i .	ADORESS	DAII	D 110 M 31 DEL	. CURLE L LANE RICNEY, F.	<u>y</u>	CI	nange	₽ Addition	
CHY SY ZIP THEF	D	DELETE	2 1 TIT		T-ZIP	NEW	PORT ,	CICHEY, P.	2.3	<u> </u>	hanas	☐ Addition	
NAME STREET ADDRESS	CURLEY, MARIA O. 10031 DEER LN		2.2 NAM	ΜE	ADDRESS						iango	[Nonitori	
C-1Y-S1-ZIF	NEW PORT RICHEY FL	F"1 00 C 10	2401		T - ZIP	!						T tare	
TITLE NAME			3 1 111							☐ CI	nange	Addition	
STREET ADDRESS			3.2 NAM		ADDRESS								
CITY-\$1-ZIF			3 4 CH										
TILLE		☐ DELE IE	4 1 717							☐ CI	nange	☐ Addition	
NAME			4.2 NAN	1E									
STREET ADDRESS			4.3 STR	EFT.	ADDRESS	1							
CITY ST ZIP		- · · · · · · · · · · · · · · · · · · ·	4.4 C(T	Y - ST	T-ZIP								
lifi¢f.		☐ DELETE	5 1 THT	LĒ						☐ CI	nange	☐ Addition	
NAME			5 2 NAN	ΙE									
STHEET ADDRESS					ADDRESS								
CHV-ST ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CITY		r-ZIP				·-· ·- ···			[Addition	
			6 1 TIT.							☐ Ct	ange	☐ Addition	
NAME STHELL ADDRESS			6 2 NAM 6 3 STR		AUDRECC								
City-St-ZiP					ADDRESS								
14. I do hereby certify that oath; that I	certify that the information supplied with information indicated on this annual am an officer or director of the corpor Block 12 or Block 33 ft hanged, or o	al report or supplemental anno ration or the receiver or trusted	ual report is e empowere	oes true	not qual	curate an	id that my sig	nature shall have t	he same	e legal effec	ctasif	made under	
SIGNATI	URE: SIGNATURE AND TYPED OR	PHINTED NAME OF SHINING OFFICE	7 ELA L R OR DIRECTO) DB	M.	CULL	Ley, P.L). 2-/4	9	7 - G	7/3).	f56.219L	

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