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PROFIT CORPORATION ANNUAL REPORT



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

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	E STRONG III, P.A.	Mailing Address					
SUITE 4	ELBOURNE AVENUE	200 W. WELBI Suite 4	OURNE AVENUE				
WINTER PARK FL 32789		WINTER PARK	FL 32789		Date Incorporated or Qualified		
Samuel St.		···- 		·	08/07/1978		1/13/1995
unceben E.R	lace of Business	2a. Mailing Addres	S		4. FEI Number EQ-1940070		Applied Fo
uite, Apt.	#, 6k.	Suite, Apt. #, e	etc.		59-1840979		Not Applica
		27			5. Certificate of Status Desired		\$8.75 Additional Fee Required
ity & State	€	City & State			6. Election Campaign Financing		\$5.00 May Be
ı. P	Country	28			Trust Fund Contribution		Added to Fees
•	25	29	30	untry	8. This corporation has liability for Florida Statutes	or intangible tax es	under s 199.032,
	9. Name and Address of Curre				10. Name and Address of New		gent
A	116 (1255 III			81 Name			-
	NG, HOPE III			82 Street Ac	dress (P.O. Box Number is Not Accepta	able)	· · · · · · · · · · · · · · · · · · ·
SUITE	/. WELBOURNE AVENUE	В		83			
	R PARK FL 32789	.B		03			
******	IN FANN IL SZIDƏ			84 City			85 Zip Code
Parsuant t	to the provisions of Sections 607,050:	2 and 607.1508, Florida 5	Statutes, the abo	l l	poration submits this statement for the popard of directors. I hereby accept the ap	FL	
or registeri Familiaz wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was au	thorized by the i	corneration's be	and of diseases. I be sub-	innintment se re	giig iis registered t
CHAIN CO. AAIT	ms and accept the obligations of 260	tion 607.0505. Florida St	atutes	corporation's be	pard of directors. I hereby accept the ap	pointment as it	ogistorou agork. I ai
	m, and accept the bangations of, 500	tion 607.0505, Florida St	atutes.	corporation's bo	ard of directors. I hereby accept the ap	positificat as re	ogistorou agent. I a
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ATURE	Signature dysoci or printed harner of registered agent OF FICERS AN	il and little if applicable	(NOTE Registered	d Agent signature requ	ired when reinstating)	DATE FICERS AND D	DIRECTORS IN 12
ATURE _	Signature typed or printed name of registroad agent OF FICERS AN STD STRONG, SHARON B	il and little if applicable.	(NOTE Registered 13, 1.17	d Agent signature requ TITLE AMÉ	ired when reinstating)	DATE FICERS AND D	DIRECTORS IN 12
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SIGNATURE:

HOPE STRONG 1H 1-15-96 4076280714

ME OF SIGNING OFFICER OR DIRECTOR