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PROFIT CORPORATION ANNUAL REPORT



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

1996

<ol> <li>Corporation</li> </ol>	IMENT # 598080 on Name ARFOOT ENTERPRISES, INC						
'rincipal Plac	e of Business	Mailing Address				HANA DIBUT ONDE	
506 50TH STREET SOUTH TAMPA FL 33619		506 50TH STREET SOUTH TAMPA FL 33619					
				3. Date Incorporated or Qualified 12/15/1978	3a. Date o	of Last Repo 15/1995	ort
. еппораге	Place of Business	2a, Mailing Address		4. FEI Number 59-1879877		<u> </u>	led For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		· · · <del>  · · · · · · · · · · ·</del>	^	\$8.75 A	Applicable
City & Stat		27		5. Certificate of Status Desired	X	Fee Rec	
Oity & Stat	.e.	City & State		6. Election Campaign Financing Trust Fund Contribution	П	\$5.00	
Zιρ	Country	Zφ	Country	8. This corporation has liability for i	intendible tax	Added to	
L	25	29	30	Florida Statutes	. □ No		3.002
	9. Name and Address of Curren	t Hegistered Agent	81 Nanic	10. Name and Address of New R	Registered Ap	gent	
	T, DORIS WATSON			(D.O. D. M.	<del></del>		
	H ST SOUTH		82 Street Add	fress (P.O. Box Number is Not Acceptab	ole)		
IAMPA I	FL 33619		83				
			84 City			85 Zip C	ode .
Pursuant or register formlier with	to the provisions of Sections 607.0502 red agent, or both, in the State of Floric	and 607.1508, Florida Statu a. Such change was author	utes, the above named corporation's bo.	pration submits this statement for the purport of directors. Thereby accept the appoint	FL pose of chang pintment as re	LI ging its regis existered an	stered office
IGNATURE .	Signature, typed or printed name of registered agent i	and tile if applicable (#	NOTE: Registered Agent signature requir		rpose of chang pintment as re		
IGNATURE .	Signature, typed or printed name of registered agont.  OFFICERS AND	and tile if applicable (#			pose of changointment as re	OIRE CTORS	IN 12
GNATURE : 2. UF ME	Signature, typed or printed name of registered agont.  OFFICERS AND  PD  BARFOOT, DORIS WATSON	and site if applicable (F D DIRECTORS	NOTE: Registered Agent signature requir	ed whon reinstating)	pose of changointment as re	OIRE CTORS	
GNATURE  LF  ME  REEL ADDRESS	Signature, types or printed name of registered agont.  OFFICE RS AND  PD  BARFOOT, DORIS WATSON  506 50TH ST S	and site if applicable (F D DIRECTORS	NOTE: Registered Agent's gradure respir 13. 1.1 TILE 1.2 NAME 1.3 STREFT ADDRESS	ed whon reinstating)	pose of changointment as re	OIRE CTORS	IN 12
CRATURE  CF  ME  HEET ADDRESS  IY-ST-ZIP	Signature, typed or printed name of registered agont.  OFFICERS AND  PD  BARFOOT, DORIS WATSON	antition agosciolis (P DIRECTORS DEFEE	NOTE: Projected Agent's gradure respir 13. 1.1 TILE 12 NAME 13 STPEFT ADDRESS 14 CHY - S* - ZIP	ed whon reinstating)	Pose of changointment as re  DATE  ICE RS AND D	OFFECTORS Change	IN 12 Addition
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GNATURE  CE ME ME ME ST-ZIP LE MC MC MC HADDHESS	Signature, types or proled name of registered agont.  OFFICERS AND  PD  BARFOOT, DORIS WATSON  506 50TH ST S  TAMPA FL  S  BARFOOT, JAMES L JR  120 MITCHELL AVE	antition agosciolis (P DIRECTORS DEFEE	NOTE: Registered Agric 6 gradure respir 13.  1.1 THE 1.2 NAME 1.3 SIPEFT ADDRESS 1.4 CHY-51-ZIP 2.1 THE	ed whon reinstating)	Pose of changointment as re  DATE  ICE RS AND D	OFFECTORS Change	IN 12 Addition
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The W. B. Stand of Signing Officer or DIRECTOR DA TARFOOT 4-1-96 248-5843 SIGNATURE: