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

PROFIT CORPORATION ANNUAL REPORT



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

ANNUAL REPOR
1996
DOCUMENT #

SIGNATURE:

598458

(8)

FOSTI	ER, INC.							
Principal Place o	of Business	Mailing Address		•	1 (0 0 19 1 0 1114 10 16 1 10 15 1 0 19 11	. WITH TERESTA	A1211 A18 \$16	** #*#*! #!#!! *##!
5751 E. SILVER SPRGS BLVD P. O. BOX 156 SILVER SPRINGS FL 34489 US		5751 E. SILVER SPRGS BLVD P. O. BOX 156 SILVER SPRINGS FL 34489 US			3. Date Incorporated or Qualified 12/29/1978 03/14/1995			
2. Principa! Plac	ce of Business	2a, Mailing Address			4. FEI Number	l		Applied For
2. Principa: Fiac 21	OC OF DUSINGSS	26			59-1867862			Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	П	\$8.75	Additional
22		27			B. CATHICAIC OF CLARGE CONTOC		Fee F	Required
City & State		City & State			6. Election Campaign Financing	\Box		May Be
23	1 0	28	Country		Trust Fund Contribution 8. This corporation has hability for			to Fees
Ζφ 24	Country 25	7p	Country 30			orintangitoien ′es ∐No	tax tirkler s	199.032,
	g. Name and Address of Curre		1301		10. Name and Address of New		l Agent	
			81 N	ame				
DOZIEF	r, G. Sheperd		82 St	treet Addre	ss (P.O. Box Number is Not Accept	table)		
	FIRST AVE.							
OCALA	I, FL MH 34470		83					
			84 C	ity			85 Zip	Code
					tion submits this statement for the p	FL		
or registere	ed agent, or both, in the State of Fig	orida. Such change was autt	horized by the corporat	ion's board	I of directors. Thereby accept the ap	прожитиви: а		
familiar with SIGNATURE	n, and accept the obligations of, Se Signature, typed or printed name of registered ag	orida, Such change was authoction 607,0505, Florida Statestand tile if applicance	horized by the corporat tutes. INOIL Repident Agent syr	ion's board	of directors. Thereby accept the appropriate of the	TACL		
familiar with SIGNATURE s	n, and accept the obligations of, Se Signature, typed or printed name of registered ap OFFICERS A	orida. Such change was authoction 607.0505, Florida Stat earl and tilk if applicance AND DIRECTORS	norized by the corporat tutes. INOIL Francieur Agent sy	ion's board	d of directors. Thereby accept the ap	DATE DEFICERS AN	D DIRECTO	RS IN 12
familiar with SIGNATURE S 12. TITLE	n, and accept the obligations of, Se Signature, typed or printed name of registered ag OFFICERS A	orida, Such change was authoction 607,0505, Florida Statestand tile if applicance	(NOTE Replaced Agest Sgr. 1.1 Title	ion's board	of directors. Thereby accept the appropriate of the	DATE DEFICERS AN		
familiar with SIGNATURE S 12. TITLE NAME	n, and accept the obligations of, So signature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR.	orida. Such change was authoction 607.0505, Florida Stat earl and tilk if applicance AND DIRECTORS	mOTE Repetent Agent system 13. 1.1 THE	don's board	of directors. Thereby accept the appropriate of the	DATE DEFICERS AN	D DIRECTO	RS IN 12
familiar with SIGNATURE SITURE SITURE NAME SITURE S	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST.	orida. Such change was authoction 607.0505, Florida Stat earl and tilk if applicance AND DIRECTORS	NOTE For stead Agent System Agent	HESS	of directors. Thereby accept the appropriate of the	DATE DEFICERS AN	D DIRECTO	RS IN 12
familiar with SIGNATURE	n, and accept the obligations of, So signature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR.	orida. Such change was authoction 607.0505, Florida Stat earl and tilk if applicance AND DIRECTORS	mOTE Repetent Agent system 13. 1.1 THE	HESS	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRECTO	RS IN 12
familiar with SIGNATURE TS 12. TITLE NAME SIREEL ADDRESS CITY-SI-ZIP	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL	orida. Such change was auth oction 607.0505, Florida Stat eatland tile i aruskan e AND DIRECTORS	In the corporate trues. In the corporate trues In the corporate trues	HESS	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRECTO	RS IN 12
familiar with SIGNATURE S 12. TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME	n, and accept the obligations of, Se Sgnature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D	orida. Such change was auth oction 607.0505, Florida Stat eatland tile i aruskan e AND DIRECTORS	novized by the corporatives. Note: Free Note:	HESS	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRECTO	RS IN 12
familiar with SIGNATURE S 12. TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS	on, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE	orida. Such change was authoction 607.0505, Florida State and tile i applicance AND DIRECTORS DELETE	novized by the corporatives. 13. 1.1 Title 1.2 NAME 1.3 STREEL ADD 1.4 City - St - Zit 2 Y AME 2.3 STREEL ADD 2.4 City - St - Zit 2.4 City - Zity - Zity 2.4 City - Zity -	RESS	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRFCTO Change	RS IN 12 Add tion Addition
familiar with SIGNATURE S 12. TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE 4509 N.E. 6TH ST.	orida. Such change was auth oction 607.0505, Florida Stat eatland tile i aruskan e AND DIRECTORS	novized by the corporatives. 13. 1.1111:6 1.2 NAME 1.3 STREELADO 1.4 CHY-SL-20 2.1 THLE 2.2 NAME 2.3 STREELADO 2.4 CHY-SL-20 3.1 THLE	RESS	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRECTO	RS IN 12
familiar with SIGNATURE SIGNATURE TITLE NAME SIREELADDRESS CITY-ST-ZIP TITLE NAME STREELADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE 4509 N.E. 6TH ST.	orida. Such change was authoction 607.0505, Florida State and tile i applicance AND DIRECTORS DELETE	novized by the corporatives. 13. 1.111126 1.2 NAMC 1.3 STREET ADD 1.4 COY-ST-ZII 2.1 THE 2.2 NAME 2.3 STREET ADD 2.4 COY-ST-ZII 3.1 THE 3.2 NAME	ARSS P	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRFCTO Change	RS IN 12 Add tion Addition
familiar with SIGNATURE TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS STREEL ADDRESS	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE 4509 N.E. 6TH ST.	orida. Such change was authoction 607.0505, Florida State and tile i applicance AND DIRECTORS DELETE	novized by the corporatives. 13. 1.111126 1.2 NAME 1.3 STREELADD 1.4 CHY-SL-ZH 2.2 NAME 2.3 STREELADD 2.4 CHY-SL-ZH 3.1 THE 3.2 NAME 3.3 STREELADD	PRESS P	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRFCTO Change	RS IN 12 Add tion Addition
familiar with SIGNATURE TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE 4509 N.E. 6TH ST.	orida, Such change was authoction 607.0505, Florida Statter and tilk if ar Jakan e NDD DIRECTORS DELETE DELETE	13. 1.111126 1.2 NAME 1.3 STREEL ADD 2.4 CHY-S1-71 3.1 THE 3.2 NAME 3.3 STREEL ADD 3.4 CHY-S1-71 3.1 THE 3.2 NAME 3.3 STREEL ADD 3.4 CHY-S1-71 3.1 THE 3.2 NAME 3.3 STREEL ADD 3.4 CHY-S1-74 3.1 THE 3.2 NAME 3.3 STREEL ADD 3.4 CHY-S1-74 3.1 THE 3.2 NAME 3.3 STREEL ADD 3.4 CHY-S1-74 3.1 THE 3.2 NAME 3.3 STREEL ADD 3.4 CHY-S1-74 3.3 THEEL ADD 3.4 CHY-S1-	PRESS P	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRECTO Change Change	RS IN 12 Addition Addition Addition
familiar with SIGNATURE TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STHEEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE 4509 N.E. 6TH ST.	orida. Such change was authoction 607.0505, Florida State and tile i applicance AND DIRECTORS DELETE	13. 1.111126 1.2 NAME 1.3 STREEL ADD 2.4 CHY-SI-ZII 3.2 NAME 3.3 STREEL ADD 2.4 CHY-SI-ZII 3.2 NAME 3.3 STREEL ADD 3.4 CHY-SI-ZII 3.2 NAME 3.3 STREEL ADD 3.4 CHY-SI-ZII 4.1 THE 3.4 CHY-SI-ZII 4.1 THE 3.4 CHY-SI-ZII 4.1 THE 3.5 THEEL ADD 3.4 CHY-SI-ZII 4.1 THEEL ADD 3.4 CHY-SI-ZII 4.1 THEEL ADD 3.5 T	PRESS P	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRFCTO Change	RS IN 12 Add tion Addition
familiar with SIGNATURE TITLE NAME SIREEL ADDRESS CITY-SI-ZIP TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE 4509 N.E. 6TH ST.	orida, Such change was authoction 607.0505, Florida Statter and tilk if ar Jakan e NDD DIRECTORS DELETE DELETE	13. 1.111.cf 1.2 NAME 2.3 STREEL ADD 2.4 City-St-7il 3.5 STREEL ADD 2.4 City-St-7il 3.5 STREEL ADD 3.5 STREEL ADD 3.5 STREEL ADD 3.6 STRE	RESS P DRESS P	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRECTO Change Change	RS IN 12 Addition Addition
familiar with SIGNATURE S 12. TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREEL ADDRESS CITY-S1-ZIP TITLE NAME STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE 4509 N.E. 6TH ST.	orida, Such change was authoction 607.0505, Florida Statter and tilk if ar Jakan e NDD DIRECTORS DELETE DELETE	13. 1.111126 1.2 NAME 1.3 STREEL ADD 2.4 CHY-SI-ZII 3.2 NAME 3.3 STREEL ADD 2.4 CHY-SI-ZII 3.2 NAME 3.3 STREEL ADD 3.4 CHY-SI-ZII 3.2 NAME 3.3 STREEL ADD 3.4 CHY-SI-ZII 4.1 THE 3.4 CHY-SI-ZII 4.1 THE 3.4 CHY-SI-ZII 4.1 THE 3.5 THEEL ADD 3.4 CHY-SI-ZII 4.1 THEEL ADD 3.4 CHY-SI-ZII 4.1 THEEL ADD 3.5 T	RESS P DRESS P	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRECTO Change Change	RS IN 12 Addition Addition Addition
familiar with SIGNATURE S 12. TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE 4509 N.E. 6TH ST.	orida, Such change was authoction 607.0505, Florida Statter and tilk if ar Jakan e NDD DIRECTORS DELETE DELETE	13. 1.1111.6 1.2 NAME 2.3 STREET ADD 2.4 City - St - Zit 3.5 STREET ADD 2.4 City - St - Zit 3.5 STREET ADD 2.4 City - St - Zit 3.5 STREET ADD 3.4 City - St - Zit 4.5 STREET ADD 3.4 City - St - Zit 4.5 STREET ADD 3.4 City - St - Zit 4.5 STREET ADD 3.5 STREET ADD	RESS P DRESS P	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRECTO Change Change	RS IN 12 Addition Addition Addition
familiar with SIGNATURE TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-S1-ZIP	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE 4509 N.E. 6TH ST.	orida. Such change was authoction 607.0505, Florida State and tilk if artistance AND DIRF CTORS DELETE DELETE	13. 1.1111.6 1.2 NAME 2.3 STREEL ADD 2.4 CHY-SI-74 3.5 STREEL ADD 2.4 CHY-SI-74 3.5 STREEL ADD 2.4 CHY-SI-74 3.1 THE 3.2 NAME 3.3 STREEL ADD 3.4 CHY-SI-74 4.1 THLE 4.2 NAME 4.3 STREEL ADD 4.4 CHY-SI-75 4.4 CHY-SI-75 4.5 STREEL ADD 4.4 CHY-SI-75 7.5 STREEL ADD 4.5 STR	RESS P DRESS P	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
familiar with SIGNATURE 12. TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-S1-ZIP TITLE NAME	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE 4509 N.E. 6TH ST.	orida. Such change was authoction 607.0505, Florida State and tilk if artistance AND DIRF CTORS DELETE DELETE	13. 1.1111.6 1.2 NAME	RESS P ORESS P	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
familiar with SIGNATURE 12. TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE 4509 N.E. 6TH ST.	orida. Such change was authoction 607.0506, Florida State and Direction 607.0506, Florida State and Directions DELETE DELETE DELETE	13. 1.111.6 1.2 NAME 1.3 STREET ADD 2.4 CHY-ST-ZH 3.1 THLE 3.2 NAME 3.3 STREET ADD 3.4 CHY-ST-ZH 4.1 THLE 4.2 NAME 4.3 STREET ADD 4.4 CHY-ST-ZH 4.1 THLE 4.2 NAME 4.3 STREET ADD 4.4 CHY-ST-ZH 5.3 THEET ADD 4.4 CHY-ST-ZH 5.3 STREET ADD 5.4 CHY-ST-ZH 5.4	PESS P ORESS P	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
familiar with SIGNATURE SIGNATURE 111LE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CHY-ST-ZIP TITLE NAME STREEL ADDRESS CHY-ST-ZIP TITLE NAME STREEL ADDRESS CHY-ST-ZIP TITLE NAME STREEL ADDRESS	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE 4509 N.E. 6TH ST.	orida. Such change was authoction 607.0505, Florida State and tilk if artistance AND DIRF CTORS DELETE DELETE	13. 1.111.6 1.2 NAME	PESS P ORESS P	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
familiar with SIGNATURE 12. TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-S1-ZIP	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE 4509 N.E. 6TH ST.	orida. Such change was authoction 607.0506, Florida State and Direction 607.0506, Florida State and Directions DELETE DELETE DELETE	13. 1.11126 1.2 NAME 1.3 STREET ADD 1.4 City-St-Zit 2.1 Title 2.2 NAME 2.3 STREET ADD 2.4 City-St-Zit 3.1 Title 3.2 NAME 3.3 STREET ADD 3.4 City-St-Zit 4.1 Title 4.2 NAME 4.3 STREET ADD 4.4 City-St-Zit 5.3 Title 5.2 NAME 4.3 STREET ADD 5.4 City-St-Zit 5.3 STREET ADD 5.4 City-St-Zit 5.3 STREET ADD 5.4 City-St-Zit 6.1 Title 6.2 NAME 6.2 NAM	RESS P ORESS P	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
familiar with SIGNATURE 12. TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME SIREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE	n, and accept the obligations of, Se Synature, typed or printed name of registered ag OFFICERS A PD FOSTER, E. L. JR. 4509 N.E. 6TH ST. OCALA FL D FOSTER, JOSEPHINE 4509 N.E. 6TH ST.	orida. Such change was authoction 607.0506, Florida State and Direction 607.0506, Florida State and Directions DELETE DELETE DELETE	13. 1.1116 1.2 NAME	RESS P ORESS P ORESS	of directors. Thereby accept the appropriate of the	DATE OFFICERS AN	D DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition

OFFICER OR DIRECTOR

904.13603 13