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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

AMERI	MENT # 6128	(-/		J PARIJA AMEN IKANA NAMA IKANA NAMA NIMA MANJA AMENI AME	H (#1)
Principal Place 1300 FRANC P.O. BOX 14 SANFORD1.E	H AVENUE. FARMERS MARKET 151	Mailing Address 1300 FRANCH AVEN P.O. BOX 1451 SANFORD1.EFLFL 32	ue, farmers market		
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1979 02/24/1995	
¬ .	ace of Business	2a. Mailing Address		4. FEI Number Applied F	
Suite, Apt. #	¥, etc.	Suite, Apt. #, etc.		59-1896434 Not Appl 5 Continue to 9 Status Decind S8.75 Addition	
1		27		5. Certificate of Status Desired Fee Required	
City & State	Y	City & State		6. Election Campaign Financing \$5.00 May B	
Z _I Ω	Country	28 Zip	Country	Trust Fund Contribution Added to Fees	
]	25	29	30	 This corporation has liability for intangible tax under s 199.032 Florida Statutes	ć,
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered Agent	
JUSTICE 1300 FF SANFOR	RENCH AVENUE, FARMERS M	IARKET	83	dress (P.O. Hox Number is Not Acceptable)	
			84 City	FL 85 Zip Code	
 Pursuant to or registere familiar with IGNATURE 	o the provisions of Sections 607.05 ad agent, or both, in the State of Fig.), and accept the obligations of, Se $_{\rm c}$	i02 and 607.1508, Florida Statu orida: Such change was authori ection 607.0505, Florida Statute	tes, the above-named corporation's boasts. s.	oration submits this statement for the purpose of changing its registered and of directors. Thereby accept the appointment as registered agent. I	d office am
	Signature, typed or pented name of registered ag		Ole Hugsheed Agent signature region		
<u>.</u>	OFFICERS A	ontandalis ita grésaté. (N NO DIRECTORS DELETE	Ole Registred April Signature repen	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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certify 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR