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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 623613

(7)

orporation name

THE	MI	.FORD	CORI	PAR	ΔΤΙΛΝ
INC	IVIIL	יטחט	CONI	TUN.	MIUN

Principa! Place of Business

Mailing Address

2a, Mailing Address

City & State

 $Z_{\rm ID}$

Suite, Apt. #, etc

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9. Name and Address of Current Registered Agent

105H DUNBAR AVENUE QLDSMAR FL 34677

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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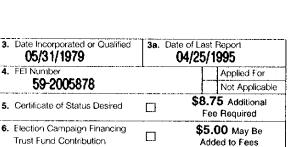
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Ζip

105H DUNBAR AVENUE OLDSMAR FL 34677



BLEAKLEY, DALE E 2957 EAGLE ESTATES CIRCLE E. CLEARWATER FL 34621

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untry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ★ Yes No
T	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.C. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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tamiliar witi	n, and accept the obligations of, Section 507.0	0505, Florida Stati	utes.					
SIGNATURE _	Signature, typed or printed name of registered agent and the if a	pplicable.	(NOTE: Registered Agent signature)	equired when reinstaling)	DATE			
12. OFFICERS AND DIRECTORS			13.				ORS IN 12	
TITLE	TD	DELETE	1. 1 THILE			Change	Addition	
NAME	ANSLEY, SHARON K		1.2 NAME					
STREET ADDRESS	1307 WESLEY PLACE, N.W.		13 STREFT ADDRESS					
CITY-ST-ZIP	ATLANTA, GA 00000		1.4 CHY - ST - ZIP					
TITLE	PD	DELETE	2 1 TITLE			Change	Addition	
NAME	Bleakley, dale e.		2.2 NAME					
STREET ADDRESS	2957 EAGLE ESTATES E.		23 STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER, FL 00000		24 CITY-ST-ZIP					
TITLE	VD	DELETE	3 1 TITLE			Change	Addition	
NAME	Bleakley, kent a		3.2 NAME					
STREET ADDRESS	P. O. BOX 1781 N/A		3.3. STREET ADDRESS					
CITY-ST-ZIP	WHITE SALMON WA		3.4 CITY- ST- ZIP					
TITLE	DS	DELETE	4 1 TITLE			Change	Addition	
NAME	Bleakley, donald e		4 2 NAME					
STREET ADDRESS	880 MANDALAY 201S		4.3 STREET ADDRESS	1150 8th Ave	SW - Apt	2515		
CITY-ST-ZIP	CLEARWATER FL 34630		4.4 CITY-S1-ZIP	Largo, FL 34	640-3162	2020		
TITLE		DELF1E	5 1 THLE	Asst S/D	·	Change	★ Addition	
NAME			5.2 NAME	Dennard, Robe	rt L.			
STREET ADDRESS			53 STREET ADDRESS	1545 Oak Lane	!			
CITY-ST-ZIP			5.4 CITY - ST - ZIP	Clearwater, F	L 34624			
TITLE		DELETE	6 1 TITLE	Asst S		Change	₹ Addition	
NAME			6.2 NAME	Harting, Dori	S			
STREET ADDRESS			6.3 STREET ADDRESS	1319 Florida	Ave			
CITY-ST-7IP			6 A CITY - ST - 7ID	Palm Harbor F	T. 34683			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 8 0 1036

813-855-5704

Daytime Ptx