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

1996

DOCUMENT #

625025

(2)

NORTHERN MUSKOKA, INC.

Principal Place of Business	Mailing Address				
390 N ORANGE AVE. STE 1300	390 N ORANGE AVE. STE 1300				
ORLANDO FL 32801	ORLANDO FL 32801				



OnLando	C VECO								
						3. Date Incorporated or Qualified 05/16/1979	3a. Dat	te of Last Re 04/25/1	eport 995
Principal Pla	on of Rusiness	2a. Mailing Ado	dress			4. FEI Number			Applied For
2. Principal Place of Business 2a. Mailing Addre						59-2391804			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #			#, etc.			5. Certificate of Status Desired			Additional Required
2		27							
City & State City & 223 28 28			& State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	30	ountry		This corporation has liability for Florida Statutes	or intangible t es No	tax under s	199.032,
4	I I	Current Registered Ager				10. Name and Address of New	Registered	Agent	
	g, Hame and Hadrides			81	Name -	indsay Builder, Jr.			
DI III D	ER, J. LINDSAY, JR.				J. L	(D.O. Flow Number in Not Accept	ahla)		
	ORANGE AVE, STE 1300	Λ		82	369 ^{Ac}	idress (P.O. Box Number is Not Accept N. New York Avenue	aulej		
		J		83					
UKLAI	NDO FL 32801							- T. T	
				84	Givent	er Park	Fi	85 3	2789
		567 0500 1007 1500 Ft	de Chat des the c	1	named corr	poration submits this statement for the t			registered offic
11. Pursuant 1	to the provisional of Sequens to	607.0502 and 607.1508, FIO e of Florida Such chan ue w	as authorized by th	ie corp	oration's be	oard of directors. I hereby accept the a	ppointment a	as registered	d agent. I am
familiar wi	th, and accept the obligations	of Rection 607.0605 Florid	ia S yatylys.			poration submits this statement for the poard of directors. I hereby accept the appropriate the appropriate the poard of directors.		100101	
SIGNATURE	/ 1.410	ELLY YELLOW I SALE	スルレンベル レン		J	, Linusay bulluet, J.	r. 4,	/29/96	
SIGNATURE .	Signature, type or in their rather of regi-	stored agent and toldy applicable	(NDI Registe	ered Age	ntsgrature req	gred when renstating)	ONTE	UD PIECOLI	ODC IN 10
12.		ERS AND DIRECTORS		3.		ADDITIONS/CHANGES TO C	DEFICERS AF	ND DIRECT	Addition
TITLE	PST \/		DELETE 1.	, 1 TOTLE			T	L.J. Gliarige	A Mudicion
NAME	BUILDER, J. LINDS/		1.	.2 NAME	i	J. Lindsay Builder,			
STREET ADDRESS	390 N ORANGE AV	E, 1300	1.	.3 STREE	I FILED I	369 N. New York Aver			
CITY-ST-ZIP	ORLANDO FL		. 1	4 CITY-	S1-ZIP	Winter Park, FL 327	789		
TITLE			DELETE 2	111111				Change	Addition
NAME			2	2 NAME					
STREET ADDRESS			2	3 STRFE	1 ADDRESS				
CHTY-ST-ZIP			2	4 CiTY -	S1 - ZiP				
TITLE			DELETE 3	1 TITLE				Change	Addition
NAME		2.3	9	B.2 NAME					
					ET ADDRESS		*		
STREET ADDRESS				3 4 CilY-	I				
CITY-ST-ZIP		F1		1 THE				Change	Addition
TITLE				4.2 NAME					
NAME									
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP				4.4 CITY -				[7] Change	Addition
TITLE	1	ĻJ		5 1 TITLE	ľ			L	_
NAME				5 2 NAME					
STREET ADDRESS					ET ADDRESS				
CITY - S1 - ZIP				5.4 CILY				[] Change	e
TITLE			DELETE	6 1 TrTLI	E [L_I change	5 LI Mudition
NAME				6 2 NAMI	E į				
STREET ADDRESS				6.3 STRE	ET ADDRESS				
Į			1	6 4 CITY	- \$1 - 7IP				
OHITOTER	hy sortify that the information	conding with this filma is W	Juntarily furnished	and do	oes not qua	lify for the exemption stated in Section	119.07(3)(k),	Florida Stat	tutes. I further

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 119.0/(iii), rolling statutes. Indition certify that the information indicated of 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 discord in the corporation or the processor 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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DRECTOR LINGS AVENUE OF SIGNING OFFICER OF DRECTOR

4/29/96 647-4455 Date Phone 1