PPOFIT	FLORIDA DEPARTMI		
CORPORATION			FILED
ANNUAL REPORT			96 550 . 6 44 0 00
1996	DIVISION OF COR	PORATIONS	- 50 SEF -6 AM 8:37
OCUMENT # 656864			SECRETARY OF STATE
Corporation Name DES LEISTERSS, INC.			TALLAHASSEE, FLORIDA
incipal Place of Business	Mailing Address		
301 MILWEE ST.	TURNER, RAYMO	ND E.	
LONGWOOD,FL 32750	301 MILWEE ST		3 Date Incorporated or Qualified 3a. Date of Last Report
	TOMOROOD'LT.		02/22/1980 05/01/95
Principal Place of Business THONG WOOD FL	2a. Mailing Address		4 FEI Number Applied
	26 SAME Suite, Apt. #, etc.		\$8.75 Additio
Suite, Apt. #, etc.	27		
City & State	City & State		6, Election Campaign mentoring
Zin Country	28 Zip	Country	Indel Fund Contribution
25	29	A.,	Florida Statutes
9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent
TURNER RAYMOND E	ч н		tross (P.O. Box Number is Not Acceptable)
301 MILWEE ST			
LONGWOOD, FL. 32	750	83	
		84 City	
Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes,	the about parried COV	the the this statement for the purpose of changing its regis
		Serietay of State       96 SEP - 6 AH 8: 37         Secretay of State       96 SEP - 6 AH 8: 37         SECRETARY OF STATE       SECRETARY OF STATE         TALLAHASSEE, FLORIDA       SECRETARY OF STATE         INSS       SECRETARY OF STATE         J, FL, 32750       S. Date Incorporated or Qualified         J, FL, 32750       S. Date Incorporated or Qualified         J, FL, 32750       S. Date Incorporated or Qualified         Second Status       Second Status         Second Status       Street Address (PO. Box Number is Not Acceptable)         Street Address (PO. Box Number is Not Acceptable)       Status         Status       Street Address (PO. Box Number is Not Acceptable)         Status       Status       Stip Code         Status       Status       Status       Status         Status       Status       Status       Status         Status       Status       Status	
office or registered agent, or both, in the Sta agent, I am familiar with, and accept the obl	ate of Florida. Such change was auth ligations of, Section 607.0505, Florid	norized by the corpora la Statutes.	poration submits this statement for the purpose of onlinging to oge tion's board of directors. I hereby accept the appointment as registe
	DE PRES RA	. 19 to	uied when reinstaling) 08/21/96
AGRATURE TURNER RAYMON Signature, typed or printed name of registered	DEPRES AG	The above named comported by the corpora is Statutes.	URED WHEN REINSTALING URED WHEN REINSTALING ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Chance
Agent. Tain familiar with, and decipe the second se	DEPRES NO	gistered Agent signature req 13.	O8/21/96       uired when reinstailing)     DATE       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN     Change       Secy     Trees
AGENATURE <u>TURNER RAYMON</u> Signature, typed or printed name of registered.	AND DIRECTORS	g saacy	O8/21/96       Date       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN       Sec / J T + J       Change       Ms. Vioginia L. Turner
Agent. Tam familiar with, and decopy the solution of registered. Signature, typed or printed name of registered. 2. OFFICERS / ITLE FADDRESS Raymond E. Turner Turner Address Raymond E. Turner	EDEPRES (NDEADE AND DIRECTORS	gistered Agent signature req 13.	O8/21/96       uved when reinstaling)     Date       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN       Sec     I Tee       Ms. Vinginia L. Turner       130 Hill Top Pl.       Altemonte Bpring, FL 32701
Altamonte S, FL	EDEPRES (NDEADE AND DIRECTORS	Astronomy - S. Jun Agistered Age III Signature req 13. 1.1 IITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 IITLE	O8/21/96       Date       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN       Sec / J T + J       Change       Ms. Vioginia L. Turner
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