SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED Jul 02 1996 8:00 am Secretary of State

1996

DOCUMENT # 1. Corporation Name

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Principal Place of Business Mailing Address 2663 EDDIE ROAD TALLAHASSEE FL 32308 TALLAHASSEE FL 32308									
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							3. Date Incorporated or Qualifi	ed 3a.	Date of Last Report
2. Principal	Place of Busi	ness	2a. Mailing Addre	100			05/29/1980		3/14/1995
			26			4. FEI Number	Applied For		
Suite, Apt. #, etc			Suite, Apt. #, etc.			59-2005564		Not Applicat \$8.75 Additional	
City R Sto			27				5. Certificate of Status Desired		Fee Required
City & Sta	ite		Crty & State				6. Election Campaign Financine	g —	\$5.00 May Be
Zıp		Country	28 Zip		Se 1:		Trust Fund Contribution		Added to Fees
		25	29	30	Country		8. This corporation has liability		
	9. Name	and Address of Curre				· · · · · · · · · · · · · · · · · · ·	Florida Statutes 10. Name and Address of New	Yes _	No
JF		FRAZIER JR.		·	81	Name	Warre and Address of New	negistered	Agent
	363 EDDIE I				82	Street Add	ress (P.O. Box Number is Not Accep		
T/	allahasse	E FL 32308						nabiej	
					83				
					84	City		·	85 Zip Code
. Pursuant	to the provisi	ons of Sections 607.050	2 and 607 1508 Florida	Statutos the			oration submits this statement for the	FL	_ [
office or r	registered ag- am familiar wit	ent, or both, in the State	of Florida Such change ations of, Section 607.05	was authorize	above-n ed by th	iameo corpo e corporatio	oration submits this statement for the on's board of directors. I hereby acco	purpose of entitle	changing its registered
		in, and accept the obliga	alions of, Section 607.05	Dh. Hinnda Str				white the excitor	with the registered
ILANATI IRE				os, i landa sia	atutes.		, 		
	Signature typed	or printed name of registered age							
<u>.</u>	,	or profed name of registered age OFFICERS AN	nt and title if applicable		ਾਵਰ Agent		ed when runstal righ	- Liale	
?. L€	Р	OFFICERS AN	nt and title if applicable	(fsÖTE Regeste	ਾਵਰ Agent			- Liale	DIRECTORS IN 12
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further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statules, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF BUNNING OFFICER OR DIRECTOR

6-23-96 422-1970-544-73