FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # 1. Corporation Name

672311

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Principal Place of Business Mailing Address



OCALA FL 32670		3731 NE 25TH STREI OCALA FL 32670	ET					
					3. Date incorporated or Qualified 06/04/1980	3a. Date of Last Report 04/27/1995		
,	Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			59-2006333 Not Applicable			
Suite, Apt	:. #, etg.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
City & Sta	da .	City & State				Fee Required		
23	ne -	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
Zip	Country	Zip	Count		8. This corporation has liability for	Added to Fees		
24	25	29	30	,		□ No		
,=-1	9. Name and Address of Curr		<u></u>	10. Name and Address of New Registered Agent				
			8	Name				
LINER	, DAVID E.		8	2 (2)	Iress (P.O. Box Number is Not Acceptate	Jah		
	NE 25 ST		0	Street Add	ress (P.O. Box Number is Not Acceptat	nie)		
	A FL 32670		8	3				
			8	4 City		F1 85 Zip Code		
or registi	t to the provisions of Sections 697.05 ered agent, or both, in the State of Fli vith, and accept the obligations of, Se	onda. Such change was authon.	zed by the cor	named corpo poration's boa	oration submits this statement for the pur ard of directors. Thereby accept the app	wass of shapping its registered office		
SIGNATURE	Styratore typ-stocyride involved by baset ag	कर स्टा स्टब्स् स्टब्स् के क्रिकेट विश्व	PE Register LA	सर्वे ब्रिक्टी पर स्कूरिक	ed within recordating.	DATE		
12.	OFFICERS A	IND DIRECTORS	13.		ADDITIONS CHANGES TO OFF	ICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.11111			Change Addition		
NAME	LINER, DAVID		1.2 NAME	•				
STREET ADDRESS			1 3 STRE	ET ADDRESS				
CITY-ST-ZIP	OCALA, FL 00000		14 OF Y	S* - ZIP				
TITLE	VPC	DELETE	2 3 TITLE	•		☐ Change ☐ Addition		
NAME	SMITH, RON		2.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-S1-ZIP	OCALA, FL 00000	· · · · · · · · · · · · · · · · · · ·	2 4 CITY -					
THILE	S DEAN BOARDE	DELETE	- 3 1 TITU	,		☐ Change ☐ Addition		
NAME	DEAN, BONNIE L		3.2 NAME					
STREET ADDRESS			33 STRE	ET ADDRESS				
CITY-ST-ZIP	OCALA FL		3.4 C+TY -		x # x -			
TIELE		☐ DEFEIF	4 1 hitus			☐ Change ☐ Addition		
NAME			4.2 NAME					
STREET ADDRESS			4 3 ST4F	-LADDRESS				
CITY-ST-ZIP			4.4 CITY					
TITLE		☐ DELETE	5 1 Telle			Change Addition		
NAME			5.2 NAME					
STREET ADDRESS				-LADDRESS		1		
CITY - ST - ZIP		- Douce	5 4 CITY					
TITLE		☐ DELETE	6 1 THE			Change Addition		
NAME			6.2 NAME	1		1		
STREET ADDRESS			•	1 ADDRESS				
CITY-ST-ZIP			6.4 CITY -	ST-ZIP				

14. Ido 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)(k). Florida Statutes, I further certify that the information indicates for this arrival 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 thy 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 chart led, or on an ittachment with an address

SIGNATURE:

David Liner

04/25/96 (352)629-7072

CR2E034 (12/95)