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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 672723

1. Corporation Name

(4)

CACNE	ZATIMN

GF	AGNE CORP	JRATION											
Principal	Place of Business	3	Mail	ling Address						r ndolin Atter Johin 18010 iholb i)	1 01911 01011 1301
POB	AIN ST. OX 219 N FL 32541		P	17 MAIN ST. O BOX 219 ESTIN FL 32541									
DEOTI	N (L 0207)		Ū							ate Incorporated or Qualifie 06/05/1980	d 3a.	Date of Last R 05/01/19	95
2. Princi 21	pal Place of Busin	ness	2a. [26]	Mailing Address					4. FE	Number 59-2007654			Applied For Not Applicable
Suite,	, Apt. #, etc.		27	Suite, Apt. #, etc.				!	5. Ce	ertificate of Status Desired		, .	5 Additional Required
City 8	& State		28	City & State				'		ection Campaign Financing ust Fund Contribution			00 May Be ad to Fees
Zip 24		Country 25	29	Zıp	30	ountry		1		nis corporation has liability forida Statutes	or intangib res \[\] No	ole tax under s o	199.032,
	9. Nam	e and Address of Curre		ered Agent		Τ		1	0. N	ame and Address of Nev	v Registe	red Agent	
21° DE	agne, armane 7 main St. Estin FL 32541	I				81 82 83 84	21	CHAE Address 17 MA	AIN N	J. GAGNE Box Number is NotAcced N STREET	<u> </u>	FL °° ¦3	2541
0.5.50	egistered agent, c iliar with, and acc URE	sions of Sections 607.050 or both, in the State of Fice ept the obligations of, Se dopmited name of registered ag-	rida. Such ction 607.0	change was authori 505, Florida Statute	ized by the	e corpo	ration's	board of	f direc	mits this statement for the ctors. I hereby accept the a	purpose o ippointmer	nt as registered	registered office d agent. I am
12.		OFFICERS A			13) <u>. </u>			ΙA	DDITIONS/CHANGES TO C	OFFICERS	AND DIRECTO	ORS IN 12
TITLE	TSD			DELETE	1.	TITLE		T				☐ Change	☐ Addition
NAME	GAGN	e, Theresa A.			1.2	NAME							
STREET AD	DRESS 309 K	epner drive			1.3	STREET.	ADDRESS						
CITY-ST-Z	ZIP FT. W.	alton BCH FL			1.4	CHTY-SI	- 7IP	1					
TITLE	PVD		,	DELETE	2.	TITLE	Ì	PVD				Change	Addition
NAME		ie, armand J.				NAME				MICHAEL J.			
STREET AD		epner drive			23	STREET	ADDRESS	125	Ν.	AUDREY CIR	CLE		
CITY-ST-Z	7IP FT. W	ALTON BCH FL				CITY-SI	- Z :P	FOR:	I V	NALTON BEACH	FL.	3254	
TITLE				DELETE	ı	1 TITLE						Change	Addition
NAME						NAME							
STREET AD	DRESS						ADDRESS	1					
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NAME						NAME	ADDDCCO :	1					
STREET AD					1		ADDRESS !	1					
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NAME							ADDOLED	1					
STREET AD						S SIKEET I CHY-S	ADDRESS	1					
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TITLE				[] becci		NAME							
NAME	×00000						ADDRESS						
STREET AD	1					S SINCE I 4 CITY - S		1					
CITY-S1-	ZIP				■ 0 ·	- 1111-2	1-20	1				*************	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k). 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 cath; 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 altachment with an address.

SIGNATURE: __

URE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/96 (964/837-0784

CR2E034 (12/95)