| COR ANNU | PROFIT PORATION JAL REPORT 1996 | FLORIDA DEF Sandr Secr | PARTMENT OF STATE ra B Mortham etary of State OF CORPORATIONS | | |
|--|---|---|---|--|---------------------------------------|
| DOCUMENT # 686683 (4) | | | | | |
| | DA Commercial Equitie | S CORPORATION | | | |
| Principal Place of Business 1605 MAIN STREET STE 910 SARASOTA FL 34236 | | Maling Address 1605 MAIN STREET STE 910 SARASOTA FL 34236 | | | |
| | | | | Date Incorporated or Qualified 09/05/1980 | 3a. Date of Last Report 04/28/1995 |
| Principal Pla 21 | ice of Business | 2a, Mailing Address 26 | | 4. FEI Number 59-2027989 | Applied For Not Applicable |
| Suite, Apt. # | r, etc. | Suite, Apt. #, etc. | ••• ••• ••• ••• ••• ••• ••• ••• • | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | City & State | | 6. Election Campaign Financing | Fee Required |
| Zip 24 | Country 25 | 28 Zip 29 | Country | Trust Fund Contribution 8. This corporation has liability for i Florida Statutes | Added to Fees |
| | 9. Name and Address of Curren | | ······································ | 10. Name and Address of New R | |
| Gardner, James W. 1605 Main St. Suite 910 | | | | ress (P.O. Box Number is Not Acceptab | (e) |
| | DTA FL 34236 | | 84 City | | 85 Zip Code |
| Iamiliar with | and accept the obligations of Sect | and to happleate (N | Zed by the corporation's boa is. IOT: Begistered Agent signature more | · · · · · · · · · · · · · · · · · · · | intment as registered agent. I am |
| 12. TITLE NAME STREET ADDRESS | PTD GARDNER, JAMES W. 6400 FLOTILLA DR. HOLMES BCH FL | | 13. 1. 1 THLE 1.2 NAME 1.3 STREET ADDRESS | ADDITIONS/GHANGES TO OFFI | CERS AND DIRECTORS IN 12 |
| CITY - ST-ZIP TITLE NAME STREFT ADDRESS CITY - ST-ZIP | VSD GARDNER, PATRICIA K. 6400 FLOTILLA DR. HOLMES BCH FL | DELETE | 2 1 TITLE 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP | | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DELETE | 3 1 TIFLE 3 2 NAME 3 3 STREELADDRESS 3 4 CITY - ST - ZIP | | Change Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | DELETE | 4 1 TITLE 4 2 NAME 4 3 STREEL ADDRESS 4 4 CITY - SL-20P | | Change Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | DELETE | 5 1 THLE 5 2 NAME 5 3 STREET ADDRESS | | Change Addition. |
| TITLE | | DELETE | 54 CHY-ST ZIP 6 1 THLE 6 2 NAME 6 3 STREEF ACORESS | | Change Addition |
| STREET ADORESS CITY - ST - ZIP | certify that the information supplied | with this filmo is voluntarily for | 64 CITY-S1-7 P | or the exemption stated in Section 119.0 Ite and that my signature shall have the s | |