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PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPAR Sandra B Secretar		RTMENT OF STATE 3. Mortnam ry of State CORPORATIONS					
DOCUMENT # 697183 (2)										
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	TOTAL OF MID ENOTE,	III DINIOL	1110.				J IEBIJA JEHA IAHA IABA MAJA TA	an dia ma nd	((1)	12 010 (1 £10) (01)
Principal Place of Business Mailing Address										
429 GASTON FOSTER RD SUITE J ORLANDO FL 32807		d	600 DORADO AVE ORLANDO FL 32807							
US US	-L 328U/	U	\$				3. Date Incorporated or Qualified		te of Last I	•
2. Principal Pl	ace of Business	2a.	Mailing Address				08/03/1981 4. FEI Number		04/27/1	
21		26					59-2128560		\vdash	Applied For Not Applicable
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.				Certificate of Status Desired			5 Additional Required
City & State	3	28	Orty & State			··································	Election Campaign Financing Trust Fund Contribution		\$5.0	00 May Be ed to Fees
Zip 24	Country 25	29	ĺβ	30 Co.	intry		8. This corporation has liability for Florida Statutes			
T-17/2000	9. Name and Address of C	urrent Registe	red Agent	····	Т		10. Name and Address of New F	tegistered	Agent	
COPEL	AND, RICHARD W.				81	Name				
	LM SPRINGS DRIVE				82	Street Add	dress (P.O. Box Number is Not Acceptab	ile)		
SUITE					83					
ALTAMO	ONTE SPRINGS FL 32701				84	City				7
44.5						•		FL		'ip Code
o. rogicaen	o the provisions of Sections 607, ed agent, or both, in the State of th, and accept the obligations of,	TRANSPORT CONTRACT	ланде маз ацинопи	SCI INV PRES D	orpo sorpo	amed corpo ration's boa	oration submits this statement for the pur and of directors. I hereby accept the app	pose of ch ointment as	anging its registere	registered office diagent il anii
SIGNATURE _	Signative i types or production had a of registers.	Issued Audub - day	Sad Sad	11 Fi			ens where remove a result			
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NAME	HARDY, PATRICIA			1.2 N/	ME					
STREET ADDRESS	600 DORADO AVE					ADORESS				
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CITY - ST - ZIP					rv. 61	- 1				

64 CITY - ST - ZP 14. I do 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 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 oath; 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 attachment with an address

6 1 TITLE

6.2 NAME 6.3 STHEET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

Patricia Husly PATRICIA HARDY 4/29/96 487 380-2706 SIGNATURE AND TYPED OR PRINTED NAME OFFICER OR DIRECTOR

Change

Add tion