CORPC ANNUAL	PROFIT DRATION L REPORT 196		FLORIDA DEPARTI Sandra B. Secretary DIVISION OF CO	Mortham of State		
OCUMENT # 7374		37450	0 (7)			
		JNCIL OF VO	LUSIA COUNTY, IN	ıC.		
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Principal Place of	f Business		Mailing Address		1 (881)1 10000 1(1)(10011 0100)	allik Ofti: Gibil Gidit Ellett Gibb den deret ter
534 S. PALMETT DAYTONA BEACK	TO AVE. SH FL 32114		P.O. BOX 142 DAYTONA BEACH FL 321	15		
US			US		3. Date Incorporated or Qualified 12/07/1976	3a. Date of Last Report 02/22/1995
2. Principal Place	e of Business		2a. Mailing Address		4. FEI Number 59-1881222	Applied For Not Applicab
Suite, Apt. #, 6	atc	2	Suite, Apt. #, etc.	<u></u>	5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, 6	etc.	2	7			Fee Required \$5.00 May Be
City & State		-	City & State		Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	,	Žip	Country	This corporation has liability for Florida Statutes	or intangible tax under s. 199.032,
]	9. Name and Addre		~	30	10. Name and Address of New	
PATION	NA BEACH, 32118			83		es Zin Code
		ions 617.0502 an	d 617.1508, Florida Statute orida, Such change was a	84 City	corporation submits this statement for the pration's board of directors. I hereby acc	FL 85 Zip Code e purpose of changing its registerer ept the appointment as registered
11. Pursuant to office or reg agent. I am	the provisions of Sect pistered agent, or both familiar with, and acc	ept the obligation	s of, Section 617.0503 Flo	84 City es, the above-named cuthorized by the corporida Statutes.		FL
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SIGNATURE:

I do hereby certify that the information supplied with this fling is voluntarily furnised and obes not question that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certify that my signature shall have the same legal effect as if further certified in the same legal effect and accurate and that my signature shall have the same legal effect as if further certified in the same legal effect as if further certified in the same legal effect as if further certified in the same legal effect as if further certified in the same legal effect as if further certified in the same legal effect as if further certified in the same legal effect as if further certified in the same legal effect as if further certified in the same legal effect as if further certified in the same legal effect as if further certified

6-11-96 1-904-257-2297
Date Phone *