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NONPROFIT CORPORATION ANNUAL REPORT

1996



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

DOCL	i k A	E:N	ıT

747979

(3)

Principal Plac	Young Pkwy 7903 (328547903)	Mailing Address P O BOX 547903 P.O.BOX 54-7903 (3285							
US	L 32004	ORLANDO FL 32854-79 US	W3		3. Date in	corporated or Qualified	3a. Da	te of Last	Report
					07	/06/1979	- (	02/06/1	995
	Place of Business	2a. Mailing Address			4. FEI Nur	nber			Applied For
21		26			59	-1027422			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifica	ate of Status Desired			5 Additional Required
City & Stat	te	City & State			6. Election	Campaign Financing		\$5.0	May Be
23		28			Trust Fu	und Contribution		-	d to Fees
Zip	Country	Zip	$\overline{}$	intry	8. This co	rporation has liability for	intangible ta	k under s	. 199.032,
24	25	29	30	,	<del> </del>		Yes 🗆		
	9. Name and Address of Curre	ent Registered Agent		A41	10. Name	and Address of New I	Registered A	gent	
				81 Name					
TINCHE	r, gordon			82 Street	Address (P.O. Box I	Number is Not Acceptal	ble)		
6714 HI	LLTOP ROAD		i		*				
ORLAND	OO FL 32810			83					
				84 City	<del></del>			85 Zi	p Code
				- "			FL		
11. Pursuant	to the provisions of Sections 617,050 red agent, or both, in the State of Flo	2 and 617.1508, Florida Statute	es, the abo	ve-named co	rporation submits th	nis statement for the pu	rpose of char	nging its r	egistered office
or registe							i ze toeminka	'eaisterea	anent Lam
or registe familiar w	red agent, or both, in the State of Flo ith, and accept the obligations of, Sec	ction 617.0503, Florida Statutes	i,	orporation s	000,000,000,000,000	mores accept the app		-0	agonti i airi
or registe familiar wi SIGNATURE			i.	orporation a	coard or an octors.	mores, accept the app		-0	agonii i aiii
familiar w	Signature, typed or printed name of registered ager	nt and title if apolicable (NO			equired when reinstaling)	Tio object to app	DATE		
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familiar w SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS Af	nt and title if apolicable (NO	TE: Registered	Agent signature re	equired when reinstaling)		DATE ICERS AND		
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or the eye cert by that the information supplied with this filling 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 inclicated 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MAN OF BIGNING OFFICER OF DIRECTOR

Bell 4/19

(H07)277.86