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NONPROFIT CORPORATION **ANNUAL REPORT** 



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

1996

DOCUMENT # 749526

(0)

Principal Place 1426 14 ST 1 BRADENTON US	WEST	Mailing Address 719 MANATEE AVE. E BRADENTON FL 34208						
US		US			3. Date Incorporated or Qualified 10/26/1979	3a. Date	of Last F /20/19	Report <b>Q5</b>
2. Principal P	ace of Business	2a. Mailing Address	<del> </del>	<del> </del>	4. FEI Number 59-1948301			pplied For
21 719 Suite, Apt.	Manatee Ave.E.	Suite, Act. #, etc.			09.194000.1			ot Applicable Additional
22	n, 00.	27			5. Certificate of Status Desired		•	equired
City & Stat	enton, Fl.	City & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Country	<del></del>	8. This corporation has liability for i		under s. 1	
24 3420	8 25 Manatee	29	30		Florida Statutes	Yes KON	0	
<u> </u>	9. Name and Address of Curren	t Hedisteted Agent	81	Name	10. 110010			
MCINTIRE, JOHN W 62 BRADEN CASTLE DRIVE			B2	Street Address (P.O. Box Number is Not Acceptable)				
			L					
BRADEN	ITON FL 34208		83					
			84	City		FL	<b>85</b> Zip	Code
<ol><li>11. Pursuant</li></ol>			oo, are above	патнес согрог				agent ram
or registe	red agent, or both, in the State of Floric rith, and accept the obligations of, Sect	da. Such change was authorization 617,0503, Florida Statutes	ea by trie corp i.	poration's boar	ration submits this statement for the pur rd of directors. I hereby accept the app and when reinstating!	DATE	g.o.o.	
or registe familiar w	red agent, or both, in the State of Floric ith, and accept the obligations of, Sect Signature, typed or printed name of registored agent	da. Such change was authorized in 617,0503, Florida Statutes and title if applicable (NC D DIRECTORS	ea by trie corp i.	poration's boai	To or directors. Thereby accept the app	DATE FICERS AND E	DIRECTOR	3S IN 12
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or registe familiar w SIGNATURE  12.  TILLE NAME	red agent, or both, in the State of Floric ith, and accept the obligations of, Sect  Signature, typed or printed name of registered agent  OFFICERS AN  DP  MC INTIRE, JOHN W.	da. Such change was authorized in 617,0503, Florida Statutes and title if applicable (NC D DIRECTORS	TE: Registered Age 13. 11 TITLE 12 NAME	ent signature require	ed when reinstating)	DATE FICERS AND E	DIRECTOR	3S IN 12
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roo nereby definity that the information supplied whith this limiting is voluntarily furnished and does not quality for the exemption stated in section 113.07(5)(6), Frontae statutes, indirest 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_

W Mc I tre John W. McIntire, Pres, 18 Jan 96
Date Of PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(941)746-0622