FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 11:59

DOCUMENT # **749931** **(2)**

1. Corporation Name

HALIFAX MONTESSORI SCHOOL, INC.

Principal Place of Business	Mailing Address
3749 NOVA RD PORT ORANGE FL 32119	3749 NOVA RD PORT ORANGE FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/28/1979**
3a. Date of Last Report: **02/16/1994**
4. FEI Number: **59-1948990** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCOTTY, J WAYNE
227 COVENTRY COURT
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	SCOTTY, J. WAYNE	12 NAME	
STREET ADDRESS	227 COVENTRY COURT	13 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL ~~32000~~ 32174	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SCOTTY, GARRETT L.	22 NAME	
STREET ADDRESS	4032 CATHERINE AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD OH 24512	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	SCOTTY, DIANE E.	32 NAME	
STREET ADDRESS	227 COVENTRY COURT	33 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH, FL ~~32074~~ 32174	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	~~MUELLER, DENISE E.~~	42 NAME	
STREET ADDRESS	~~2656 BRIAN AVE.~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~SO. DAYTONA FL~~	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SANDRA LEVY	52 NAME	D Sandra Levy
STREET ADDRESS	253 Sherwood Dr.	53 STREET ADDRESS	
CITY-ST-ZIP	Altamonte Springs FL 32701	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J Wayne Scotty J. Wayne Scotty 5-25-95 (904) 788-1088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000749

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OF TALLAHASSEE, FL

DOCUMENT # **750293** **(3)**

1. Corporation Name

THE FIRST PRESBYTERIAN CHURCH OF MAITLAND FOUNDATION, INC.

Principal Place of Business	Mailing Address
P O BOX 940807 MAITLAND FL 32794-7807	P O BOX 940807 MAITLAND FL 32794-7807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1979**

3a. Date of Last Report: **06/22/1994**

4. FEI Number: **58-1456975** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — Country — 25 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DRUMMOND, FRANK O JR
109 WHITECAP CIRCLE
MAITLAND, FL
32751

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D/P	☒ Change ☐ Addition
NAME	ROOT, JOHN	12 NAME	Meyer, William J.	
STREET ADDRESS	501 TUDOR CIRCLE	13 STREET ADDRESS	157 Golf Club Drive	
CITY ST ZIP	ALTAMONTE SPRINGS FL	14 CITY ST ZIP	Longwood, Fl 32779	
TITLE	VPD	21 TITLE	D/V	☒ Change ☐ Addition
NAME	BANWELL, RAY	22 NAME	Anthony J. Ortner	
STREET ADDRESS	651 E MAGNOLIA DR	23 STREET ADDRESS	700 Live Oak St.	
CITY ST ZIP	ALTAMONTE SPRINGS FL	24 CITY ST ZIP	Maitland, Fl 32751	
TITLE	STD	31 TITLE	D/S/T	☒ Change ☐ Addition
NAME	KENNEDY, MILDRED	32 NAME	Cline B. Gray	
STREET ADDRESS	175 NORTHMOOR RD	33 STREET ADDRESS	121 Autumn Drive	
CITY ST ZIP	CASSELBERRY FL	34 CITY ST ZIP	Longwood, Fl 32751	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: William Meyer **William Meyer** **May 31, 1995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035107

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **752627** **(0)**

1. Corporation Name

LANDINGS HARBORAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2591 N.E. 55TH CT.,#205 APT. 209 FORT LAUDERDALE FL 33308	2591 N.E. 55TH CT.,#205 APT. 209 FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/27/1980
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2049344 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. Apt #203 DELETE #205 ADD #209	27 Suite, Apt. #, etc. Apt. # 203 DELETE # 209 ADD #205
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ASHCRAFT, WILLIAM E.,ESQ.
2881 E.OAKLAND PARK BLVD.,#300
SUITE 203
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	WETTACH,BARBARA	12 NAME	GIESLER, RICHARD	
STREET ADDRESS	2591 N.E. 55TH CT.,#205	13 STREET ADDRESS	2591 NE 55 Court #203	
CITY ST ZIP	FT. LAUDERDALE FL	14 CITY ST ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	21 TITLE	VD	☒ Change ☐ Addition
NAME	KADERA, DEAN	22 NAME	CHARLES BLOZINSKI	
STREET ADDRESS	2803 NW TIMBERCREEK CIRCLE	23 STREET ADDRESS	1040 SW 12 ST.	
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	BOCA RATON FL 33486	
TITLE	VTD	31 TITLE	GARY PERKINS	☐ Change ☒ Addition
NAME	GIESLER, RICHARD	32 NAME	2591 NE 55 CT #209	
STREET ADDRESS	2591 NE 55TH CT.#203	33 STREET ADDRESS	FT. LAUDERDALE FL 33308	
CITY ST ZIP	FT. LAUDERDALE FL	34 CITY ST ZIP		
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	BLOZINSKI, CHARLES	42 NAME	ANTHONY EVANS	
STREET ADDRESS	1040 SW 12TH ST.	43 STREET ADDRESS	1800 S. OCEAN DR. #1104	
CITY ST ZIP	BOCA RATON FL	44 CITY ST ZIP	POMPANO BEACH FL 33062	
TITLE	D	51 TITLE	D	☐ Change ☒ Addition
NAME	KLEMKE, JAMES	52 NAME	ROBERT MARTIN	
STREET ADDRESS	2101 BETHEL BLVD.	53 STREET ADDRESS	2591 NE 55 CT. # 103	
CITY ST ZIP	BOCA RATON FL	54 CITY ST ZIP	FT. LAUDERDALE FL 33308	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard L. Giesler RICHARD L. GIESLER 5/30/95 (305)564-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048706

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CORPORATION ANNUAL REPORT

1995

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

FILED

DOCUMENT # **753680** **(8)**

1. Corporation Name

THE COCONUT GROVE CIVIC CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 381 COCONUT GROVE FL 33133	2535 INAGUA AVENUE COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/06/1980**

3a. Date of Last Report: **04/08/1994**

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental *Fee Not Required*

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

NELSON, JOYCE
2535 INAGUA AVENUE
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	NELSON, JOYCE	12 NAME	
STREET ADDRESS	2535 INAGUA AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SHELLEY, CYNTHIA	22 NAME	
STREET ADDRESS	2975 WASHINGTON STREET	23 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	BERCKMANS, LEE	32 NAME	
STREET ADDRESS	3941 MIDWAY ST	33 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WEBER, MARY	42 NAME	
STREET ADDRESS	3900 EL PRADO BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GIBBS, TUCKER	52 NAME	
STREET ADDRESS	3820 BAYSIDE CT	53 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	TERRY, KITTY	62 NAME	
STREET ADDRESS	1806 TIGERTAIL	63 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	64 CITY-ST-ZIP	

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Weber 5/30/95 305442-1541
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000107P

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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 [illegible] 59

DOCUMENT # 753971 (1)

1. Corporation Name

ST. FRANCIS HOUSE, INC.

Principal Place of Business	Mailing Address
~~19 S.E. 4TH AVE.~~ P.O. BOX 12491 GAINESVILLE FL 32604	~~16 S.E. 4TH AVE.~~ P.O. BOX 12491 GAINESVILLE FL 32604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1980
3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-1978981 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 413 S. MAIN ST.	26 P.O. Box 12491
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: GAINESVILLE, FL ~~32601~~	28 City & State: GAINESVILLE, FL.
24 Zip: 32601 25 Country: USA	29 Zip: 32604 30 Country: USA

9. Name and Address of Current Registered Agent

JULIEN, ROLAND M
500 NE 16TH AVE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	JULIEN, ROLAND M	12 NAME	SAME	
STREET ADDRESS	500 NE 16TH AVE.	13 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE, FL 00000	14 CITY ST ZIP	32601	
TITLE	SD	21 TITLE	"D" "V"	☒ Change ☐ Addition
NAME	PIERSON, ANN	22 NAME	Rev. James Martin, Vice Pralident	
STREET ADDRESS	353 N. E. BLVD.	23 STREET ADDRESS	419 NE 1st St	
CITY ST ZIP	GAINESVILLE, FL 00000	24 CITY ST ZIP	Gainesville FL 32601	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	DEBRUIN, PETER	32 NAME	SAME	
STREET ADDRESS	1410 NW 46TH TERR	33 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE, FL 00000	34 CITY ST ZIP		
TITLE	D	41 TITLE	Mary Farris, Secretary SD	☒ Change ☐ Addition
NAME	FARRIS, MARY	42 NAME		
STREET ADDRESS	4120 N.W. 13TH AVENUE	43 STREET ADDRESS	4120 NW 13th Ave	
CITY ST ZIP	GAINESVILLE, FL 00000	44 CITY ST ZIP	Gainesville FL 32605	
TITLE	M	51 TITLE		☐ Change ☐ Addition
NAME	TANCIG, ROBERT	52 NAME		
STREET ADDRESS	1008 N.E. 11TH AVE.	53 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE, FL 00000	54 CITY ST ZIP		
TITLE	VD	61 TITLE		☒ Change ☐ Addition
NAME	LEHMANN, ALLAN	62 NAME	DELETE	
STREET ADDRESS	3830 NW 16TH BLVD	63 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE, FL 00000	64 CITY ST ZIP		

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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BOB TANCIG 5/27/95 904-378-9079
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000911