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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 751557

(0)

Principal Place	e of Business I <b>E BEELER</b>	Mailing Address  C/O ARTURI E BEELER				
3511 PINE HILLS ROAD ORLANDO FL 32806-2836		3511 PINE HILLS ROAD ORLANDO FL 32808-2836		Date Incorporated or Qualified	Date incorporated or Qualified     3a. Date of Last Report	
				03/17/1980	03/07/	
	Tames A. Szasz	2a. Mailing Address 26 Clo James	A. Szasz	4. FEI Number 59-2890443		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.7	5 Additional
2 170 City & State	Glenwood Dr	27 170 Glenvo	OD Dr	5. Cermicale of Status Desired		Required
<b>_</b>	simmee, Florida.	City & State	Florida	Election Campaign Financing     Trust Fund Contribution		00 May Be
Zip	Country	Zip	Country	This corporation has liability for	Auc	e 199.032
4 3474		29 34743	A2 U 08	Florida Statutes	☐ Yes <b>X</b> No	8. 199.002,
	9. Name and Address of Currer	nt Registered Agent	04	10. Name and Address of New F	legistered Agent	
מברו במ	ADTHED 5		81 Name	JAMES A. SZASZ		
	I, ARTHUR E.		82 Street	Address (P.O. Box Number is Not Acceptab	ole)	
	NE HILLS ROAD DO FL 32808		B3	70 Glenwood Dr.	· · · · · · · · · · · · · · · · · · ·	
ONDAINE	DO FL 32808		63			
			84 City		FL 85 2	Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes	s, the above-named o	rissim ~ee	roose of changing its	34743
or register familiar wi	red agent, or both, in the State of Flori- ith, and accept the obligations of Sect	da. Such change was authorized ion 617 0503. Florida Statutes	by the corporation's	orporation submits this statement for the pur board of directors. I hereby accept the appr	ointment as registere	ed agent. I am
	James D.	- 2 - 1			_	
	Signature yped or printed name of registered agent	sassi	Registered Agent signature (		3-1-96	
BIGNATURE .	Signatury ped or printed name of registered agent OFFICERS AN	and title if any title in onte		equired when reinstating)  ADDITIONS/CHANGES TO OFF	J-1.96	
SIGNATURE .	Signatural reped or printed name of registered diginal OFFICERS AN	and title if applications (NOTE	13.	equired when reinstating)  ADDITIONS/CHANGES TO Oil H	J-1.96	ORS IN 12
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SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1.91

407-348.0774 Daytime Phone #