CO	ONPROFIT PROPORATION PUAL REPORT 1996 5-11-9	Sandra Secret	RTMENT OF STATE B. Mortham ary of State CORPORATIONS			
1. Corporati	JMENT # 76060	3 (1)				
FLONI	IDA FEOR, INC.			I OTAKA IDAN BURU BAKA AKKA BAKA) 140)	
Principa Plac	ce of Business	Mailing Address				III BARII BIBAI ARBI
C/O ROBER 150 UNIVER MELBOURNI	SITY BLVD.	C/O ROBERT BOWIE 150 UNIVERSITY BLVD MELBOURNE FL 32901				
US		US		3. Date incorporated or Qualified	3a. Date of Las	•
	Place of Business	2a. Mailing Address		11/05/1981 4. FEI Number	03/02/	Applied For
Suite Apt	# ata	26		NOT APPLICABLE		Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	7	5 Additional Required
City & Sta		City & State		Election Campaign Financing Trust Fund Contribution		00 May Be
Zip 4	Country 25	Zıp 29	Country 30	This corporation has liability for in Florida Statutes		
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Re		
	NTIC FL 32903		84 City			ip Code
INDIALA 11. Pursuant or registe familiar w	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori rith, and accept the obligations of, Sect	ion 617.0503, Florida Statutes.	84 City s, the above-named corporation's book	oration submits this statement for the purp ard of directors. I hereby accept the appoi		•
INDIALA 11. Pursuant or registe familiar w SIGNATURE	to the provisions of Sections 617.0502 ored agent, or both, in the State of Florion, and accept the obligations of, Sect Signature, typed or printed name of registered agent	ion 617.0503, Florida Statutes.	84 City 5, the above-named corporation's booten	and of directors. Thereby accept the appoi	ose of changing its ntment as registered	registered offic d agent. I am
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oath; that I am an officer or director of the corporation or the receiver or trustee empowered tappears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT C. Bowie

5/15/96 (407) 768-8000