CC	FILE NOW: FILI IONPROFIT PREPORATION NUAL REPORT 1996 221 9	FLORIDA DEPAR Sandra E Secretai	RTMENT OF STATE 3. Mortham ry of State CORPORATIONS		ŕ
1. Corporat WORE	JMENT # 76360 0) (4)			II BIBII BIBII BIBII BIBII BIBII BIBII BIBI
1233 45TH : BLDG C	ce of Business Street EACH FL 33407-9160	Mailing Address 1233 45TH STREET BLDG P.O. BOX 12907 W. PALM BEACH FL 3340 US		Date Incorporated or Qualified	3a. Date of Last Report
• •				06/08/1982	04/20/1995
2. Principal 21	Place of Business	2a. Mailing Address 26 1233 45th S	treet, Bldg.C	4. FE! Number 59-2196329	Applied For
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	creet, blug.	39 2 190329	Not Applicable
City & Sta	ate	27 City & State			\$8.75 Additional Fee Required
Z ip		28 West Palm Be		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
24	Country 25	^{Zip} 33407-9160	Country 30 USA	8. This corporation has liability for inta	
	9. Name and Address of Curren		30 0511	Florida Statutes 10. Name and Address of New Regi	Yes No
KEYS, PATRICIA 1324 W 33RD STREET RIVIERA BEACH FL 33404			ress (P.O. Box Number is Not Acceptable)		
711 7 7 12 1 10 1			83		
11. Pursuant	to the provisions of Sections 617.0502 ered agent, or both, in the State of Florid with, and accept the obligations of, Section	on 617.0503, Fiorida Statutes.	the above-named corpor by the corporation's boar	ration submits this statement for the purpos rd of directors. I hereby accept the appoint	ment as registered agent. I am
11. Pursuant or registe familiar v	I to the provisions of Sections 617.0502 gred agent, or both, in the State of Florid with, and accept the obligations of, Section Signature, typed or printed name of registered agent of OFFICERS AND	on 617.0503, Fiorida Statutes. and tite if applicable (NOTE:	84 City	d when reinstating)	se of changing its registered office ment as registered agent. I am
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14. Too nereby certify that the information supplied with this filing 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 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 cath; 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:

SIGNATURE:

SIGNATURE:

SIGNATURE:

Donald E. Butdorf PTD

Donald E. Butdorf PTD

Feb 15, 1996 (407) 624-0011
Daytine Prone #