## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name	DOCUMENT #	831177	
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141

PUA N	Name IATIONAL, INC.	, (1)				
Principal Place of	of Business	Mailing Address				EN BODE DIBELDIBER FOOL
MATTHEWS	WS MINT HILL RD. NC 28106	815 MATTHEWS MIN MATTHEWS NC 2810				
US		US		3. Date Incorporated or Qualified 10/30/1973	3a. Date of L 05/0	ast Report 1/1995
2. Principal Place	ce of Business	2a. Mailing Address		4. FET Number 56-0935596		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	_ \$6	8.75 Additional
22		27		5. Certilicate of Status Desired		Fee Required
City & State		City & State		6. Election Campaign Financing		<b>5.00</b> May Be
23		28		Trust Fund Contribution		Added to Fees
Zip 24	Country 25	Ζφ	Country 30	8. This corporation has liability for Florida Statutes ☐ Yes	intangible tax uni : TNNo	ders 199.032,
241	9. Name and Address of Current	[29] Registered Agent	[30]	10. Name and Address of New F		nt
			81 Name			
CT COF	RPORATION SYSTEM		82 Street A	ddress (P.O. Box Number is Not Acceptat	olei	***************************************
1200 S.	PINE ISLAND ROAD					
PLANTA	TION FL 33324		63			
			84 City		85	Zip Code
					FL∖	
familiar milet	a legal proposal two obligations of Costis					
SIGNATURE	Signature: hyperd on prodect have a of responserable agent a	in Utilian Computation (In	:006 - Flegheterest Appril Segnature rei		DATE	
SIGNATURE	Stynature: Ny extron predectivants of respected adjust a OFFICERS AND	no Etri-of application (N DIRECTORS	dite Registered Agent signature re		DATE ICERS AND DIR	ECTORS IN 12
SIGNATURES	Signature typed or production and resultered agent of OFFICERS AND PD	in Utilian Computation (In	Olic Registered Age 1 signature re-	prost when the relatingly	DATE	ECTORS IN 12
SIGNATURE S  12.  TITLE NAME	OFFICERS AND GROSSO, JOHN	no Etri-of application (N DIRECTORS	13. 1 THLC 12 NAME	prost when the relatingly	DATE ICERS AND DIR	ECTORS IN 12
SIGNATURE	OFFICERS AND GROSSO, JOHN 9603 TRESANTON DR.	no Etri-of application (N DIRECTORS	13. 1 1 TITLU 12 NAME 1 3 STREET ADDRESS	prost when the relatingly	DATE ICERS AND DIR	ECTORS IN 12
SIGNATURE S  12.  TIFLE NAME	OFFICERS AND PD GROSSO, JOHN 9603 TRESANTON DR. CHARLOTTE NC	no Etri-of application (N DIRECTORS	13. 1 THLC 12 NAME	prost when the relatingly	DATE ICERS AND DIR	ECTORS IN 12 large \(\precedent\) Addition
SIGNATURE	OFFICERS AND PD GROSSO, JOHN 9603 TRESANTON DR. CHARLOTTE NC AS	not Direct opplisate % DIRECTORS ☐ DELETE	13. 1 1 THUC 12 NAME 1 3 STREET ADDRESS 1 4 CHY - ST-ZIP 2 1 THUE 2 2 NAME	PRINT & LONG PORTIONS ADDITIONS ADDI	DATE  CERS AND DIR  CH	ECTORS IN 12 large \(\precedent\) Addition
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SIGNATURE	OFFICERS AND PD GROSSO, JOHN 9603 TRESANTON DR. CHARLOTTE NC AS DEVOE, THOMAS R.	DELETE	13. 1 1 THTU! 12 NAME 13 STREET ACDRESS 14 CHY -ST-ZIP 2 1 THTU! 22 NAME 23 STREET ADDRESS	PRINT & LONG PORTIONS ADDITIONS ADDI	DATE  FICERS AND DIR  CH  *********************************	ECTORS IN 12 harge
SIGNATURE	OFFICERS AND PD GROSSO, JOHN 9603 TRESANTON DR. CHARLOTTE NC AS DEVOE, THOMAS R. 3640 CHEVINGTON RD. CHARLOTTE NC VPT	not Direct opplisate % DIRECTORS ☐ DELETE	13.  1 1 THLC  1 2 NAME  1 3 STREET ACDRESS  1 4 CITY ST-ZIP  2 1 THLC  2 NAME  2 3 STREET ACDRESS	ADDITIONS/CHANGES TO OFF	DATE  CERS AND DIR  CH	ECTORS IN 12  Tange
SIGNATURE	OFFICERS AND PD GROSSO, JOHN 9603 TRESANTON DR. CHARLOTTE NC AS DEVOE, THOMAS R. 3640 CHEVINGTON RD. CHARLOTTE NC VPT SPENCER, MIKE	DELETE	13.  1 1 THLC 12 NAME 13 STR FLADRESS 14 CITY ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST-ZIP 3 1 TITLE 32 NAME	ADDITIONS/CHANGES TO OFF	DATE  FICERS AND DIR  CH  *********************************	ECTORS IN 12  Tange
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD GROSSO, JOHN 9603 TRESANTON DR. CHARLOTTE NC AS DEVOE, THOMAS R. 3640 CHEVINGTON RD. CHARLOTTE NC VPT SPENCER, MIKE PO BOX 355 RYAN LANE	DELETE	13.  1 1 THLC  12 NAME  1 3 STR F1 ADDRESS  1 4 CITY S1-ZIP  2 1 TITLE  2 2 NAME  2 3 STR ET ADDRESS  2 4 CITY S1-ZIP  3 1 TITLE  3 2 NAME  3 3 STR ET ADDRESS	ADDITIONS/CHANGES TO OFF	DATE  FICERS AND DIR  CH  *********************************	ECTORS IN 12 harge
SIGNATURE	OFFICERS AND PD GROSSO, JOHN 9603 TRESANTON DR. CHARLOTTE NC AS DEVOE, THOMAS R. 3640 CHEVINGTON RD. CHARLOTTE NC VPT SPENCER, MIKE PO BOX 355 RYAN LANE WAXHAW NC	DELETE	13.  1 1 THLC  12 NAME  1 3 STR FLADRESS  1 4 CITY ST-ZIP  2 1 TITLE  22 NAME  23 STR FLADDRESS  24 CITY S1-ZIP  3 TITLE  32 NAME  33 STR FLADDRESS  34 CITY S1-ZIP	ADDITIONS/CHANGES TO OFF	DATE  CHAPTERS AND DIR  TO CHAPTERS  TY  CHAPTERS  CHAPT	ECTORS IN 12 hange
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SIGNATURE  12.  TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME	PD GROSSO, JOHN 9603 TRESANTON DR. CHARLOTTE NC AS DEVOE, THOMAS R. 3640 CHEVINGTON RD. CHARLOTTE NC VPT SPENCER, MIKE PO BOX 355 RYAN LANE WAXHAW NC VPCO RIVENBARK, JAN	DELETE	13.  1 1 THUC 12 NAME 13 STREET ADDRESS 14 CITY ST-ZIP 2 1 TITE 22 NAME 23 STREET ADDRESS 24 CITY ST-ZIP 3 1 THUE 32 NAME 33 STREET ADDRESS 34 CITY ST-ZIP 4 THUE 42 NAME	ADDITIONS/CHANGES TO OFF	DATE  CHAPTERS AND DIR  TO CHAPTERS  TY  CHAPTERS  CHAPT	ECTORS IN 12 hange
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE	OFFICERS AND PD GROSSO, JOHN 9603 TRESANTON DR. CHARLOTTE NC AS DEVOE, THOMAS R. 3640 CHEVINGTON RD. CHARLOTTE NC VPT SPENCER, MIKE PO BOX 355 RYAN LANE WAXHAW NC VPCO RIVENBARK, JAN 2500 GREENBROOK PKWY MATTHEWS NC SCFO	DELETE	13.  1 1 THUC 12 NAME 13 STREET ADDRESS 14 CITY ST-ZIP 2 1 THUE 22 NAME 23 STREET ADDRESS 24 CITY ST-ZIP 3 1 THUE 32 NAME 33 STREET ADDRESS 34 CITY ST-ZIP 4 THUE 42 NAME 43 STREET ADDRESS 34 CITY ST-ZIP 4 THUE 42 NAME 43 STREET ADDRESS 44 CITY ST-ZIP 5 1 ZIFUE 5 1 ZIFUE 5 1 ZIFUE 5 1 ZIFUE	ADDITIONS/CHANGES TO OFF	DATE  CHAPTERS AND DIR  TO CHAPTERS  TY  CHAPTERS  CHAPT	ECTORS IN 12  large
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roomersy coming manage information indicated with this iming is voluntarily turnished and ones not quarry for the exemption stated in Section 119:07(3)(k), Florida Statutes. Hurther 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 eath; that I am an officer or director of the corporation or the receiver of trustee employeers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTCA ASST. SIGNATURE

ASST. SIGNATURE

ASST. SIGNATURE

ASST. SIGNATURE

CR2E034 (12/95)