	PROFIT ORPORATION NUAL REPORT 1996		Sand Secr	PARTMENT OF STATE ra B Mortham elary of State DE CORPORATIONS				
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Principal Pla	ace of Business							
710 S. MILWEE ST. P. O. BOX 521146 LONGWOOD FL 32752-8146		lailing Address			i geginge iitt entit Eliff ill	9 <b>9</b> ) 11 <b>918 19</b> 61 1	nadre mander milder milder mildes milder	
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CONGW	OOD PL 32/32/8146		LONGWOOD FL 32	752-8146	- 3.	Date Incorporated or Qualif	od las	Date of Last Report
2. Principal	Place of Business					10/02/1980	ed 38.	06/06/1995
	Trace or pasitiess	2a 26	. Mailing Address		4.	FEI Number	—	Applied For
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.			59-2029147		Not Applicab
City & St	tate	27	Oty & State		5.	Certificate of Status Desired	X	\$8.75 Additional Fee Required
1		28	Ory & State		6.	Election Campaign Financing Trust Fund Contribution	9 🕱	\$5.00 May Be
Ζφ ]	Coun		Zip	Country	B.	This corporation has liability	,	Added to Fees
	9. Name and Add	29 ress of Current Regis	tered Agent	30		Florida Statutes 🔛	Yes 🔲 No	
				81 Name	10.	Name and Address of Ne	w Register	ed Agent
FOU	LDS, ralph h							
740	COMMISSION			82 Street	Address (P.)	C. Box Municorio Not Appe	Le but a land	
	SOUTH MILWEE ST			L., L.,	t Address (P.0	O. Box Number is Not Accep	itable)	
	SOUTH MILWEE ST GWOOD FL 32750			82 Street	t Address (P.0	O. Bax Number is Not Accep	táble)	
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14. Ido hereby certly 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 appears in Block 12 or Block 13 if briangled, or on an attachment with an address.

SIGNATURE:

RACH H. FOULDS:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

RACH H. FOULDS:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.