SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # F18107

(5)

CDV	ENT	CDD	DICEC	INIC
C.D.K.	EN	CUL	MIDEO.	INU

Principal Place	ent Rusiness	Ma ling Address				
5307 AROMOR WINTER PARK US	E OR	P.O. BOX 1807 GOLDENROD FL 32733-18 US	07			
		00			3. Date Incorporated or Qualified 02/02/1981	3a. Date of Last Report 08/14/1995
· ·	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt #	t oto	Suite, Apt. #, etc.			59-2064544	Not Applicable
22	r, eic	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		***	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Cour	itry	8. This corporation has liability for	
24	25		30		Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent		B1 Name	10. Name and Address of New Re	egistered Agent
	ITIAGO, CAROLYN J			Ivaille		
	7 ARDMORE DR.		82 Street Ad		ress (P.O. Box Number is Not Acceptat	ble)
WIN	ITER PARK FL 32792		-	B3		
			L			
				B4 City		FL 85 Zip Gode
office or re	o the provisions of Sections 607 0502 gistered agent, or both, in the Stale o n familiar with, and accept the obligati	f Florida. Such change was au	thorized I	by the corporati	oration submits this statement for the p on's board of directors. I hereby accep	ourpose of changing its registered at the appointment as registered
SIGNATURE .	Signature, typed or profed name of registered agent	and Melifauricable (NOTE	Bagistered	Agent signature requi	red wher reinstation)	DAILE
12.	OFFICERS AND		13.	3	ADDITIONS/CHANGES TO OFFI	
TITLE	PT	DELETE	1 1 111	.E		Change Addition
NAME	SANTIAGO, CAROLYN J		1.2 NA	dE .		
STREET ADDRESS	5307 ARDMORE DR.			EET ADDRESS		
CITY - ST - ZIP	5307 ARDMORE DR. WINTER PARK FL		1.3 STF 1.4 CI ⁷	Y - ST - ZIP		
CHTY+ST-ZIP TITLE	WINTER PARK FL VS	DELETE	1.3 STF 1.4 CI7 2.1 THT	Y · ST · ZIP		Change Addition
CITY-ST-ZIP TITLE NAME	WINTER PARK FL VS FOLKEN, KENNETH	DELETE	1.3 STE 1.4 CIT 2.1 THI 2.2 NAI	Y · ST · ZIP .E ME	······································	Change Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS	WINTER PARK FL VS FOLKEN, KENNETH 367 WEST LAKE FAITH DR.	DELETE	1.3 STF 1.4 CI7 2.1 THI 2.2 NAI 2.3 STF	Y · ST · ZIP LE ME MEET ADDRESS		Change Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	WINTER PARK FL VS FOLKEN, KENNETH		1.3 STF 1.4 CI7 2.1 TH 2.2 NAF 2.3 STF 2.4 CH	Y - ST - ZIP JE JE JE JE JE JE JE JE JE J		
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CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME	WINTER PARK FL VS FOLKEN, KENNETH 367 WEST LAKE FAITH DR.		1.3 STF 1.4 CI7 2.1 THI 2.2 NAF 2.3 STF 2.4 CII 3.1 THI 3.2 NAF	Y - ST - ZIP LE ME WEET ADDRESS Y - ST - ZIP LE ME		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WINTER PARK FL VS FOLKEN, KENNETH 367 WEST LAKE FAITH DR.		1.3 STF 1.4 CI7 2 1 TH 2 2 NAI 2 3 STF 2 4 CH 3 1 TH 3 2 NAI 3 3 STF	Y - ST - ZIP LE ME ME MEET ADDRESS Y - ST - ZIP LE MEET ADDRESS		
CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WINTER PARK FL VS FOLKEN, KENNETH 367 WEST LAKE FAITH DR.		1.3 STF 1.4 CI7 2 1 TH 2 2 NAI 2 3 STF 2 4 CH 3 1 TH 3 2 NAI 3 3 STF	Y - ST - ZIP LE ME WEET ADDRESS Y - ST - ZIP LE ME ME ME ME ME MS MS MS MS M		
CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINTER PARK FL VS FOLKEN, KENNETH 367 WEST LAKE FAITH DR.	DELFTE	1.3 STF 1.4 CI7 2.1 TH 2.2 NAI 2.3 STF 2.4 CII 3.1 TH 3.2 NAI 3.3 STF 3.4 CII	Y - ST - ZIP LE T ADDRESS Y - ST - ZIP AE LEET ADDRESS Y - ST - ZIP LE LEET ADDRESS Y - ST - ZIP LE		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WINTER PARK FL VS FOLKEN, KENNETH 367 WEST LAKE FAITH DR.	DELFTE	1.3 STF 1.4 CI7 2.1 TEU 2.2 NAI 2.3 STF 2.4 CIU 3.1 TITU 3.2 NAI 3.3 STF 3.4 CIU 4.1 TITU 4.2 NAI	Y - ST - ZIP LE T ADDRESS Y - ST - ZIP AE LEET ADDRESS Y - ST - ZIP LE LEET ADDRESS Y - ST - ZIP LE		Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	WINTER PARK FL VS FOLKEN, KENNETH 367 WEST LAKE FAITH DR.	DELETE	1.3 STF 1.4 CI7 2.1 THU 2.2 NAP 2.3 STF 2.4 CIU 3.2 NAP 3.3 STF 3.4 CIU 4.1 THU 4.2 NAP 4.3 STF 5.1 THU 5.2 NAP 5.3 STF	Y ST ZIP JE ME		Change Addition Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WINTER PARK FL VS FOLKEN, KENNETH 367 WEST LAKE FAITH DR.	DELETE	1.3 STF 1.4 CIT 2.1 THI 2.2 NAM 2.3 STF 2.4 CIT 3.1 THI 3.2 NAM 3.3 STF 3.4 CIT 4.1 THI 4.2 NAM 4.3 STF 4.4 CIT 5.1 THI 5.2 NAM 5.3 STF 5.4 CIT 6.1 THI 6.1 TH	Y ST ZIP J.F. J.		Change Addition Change Addition
CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	WINTER PARK FL VS FOLKEN, KENNETH 367 WEST LAKE FAITH DR.	DELETE DELETE	1.3 STF 1.4 CIY 2.1 THU 2.2 NAF 2.3 STF 2.4 CII 3.3 THU 3.2 NAI 3.3 STF 3.4 CII 4.1 THU 4.2 NAI 4.3 STF 4.4 CIT 5.1 THU 5.2 NAI 6.3 STF 5.4 CII 6.1 THU 6.2 NAI	Y ST ZIP JE ME JE TADDRESS Y ST ZIP JE TADDRESS Y ST ZIP JE TADDRESS Y ST ZIP JE ME ME JE TADDRESS Y ST ZIP JE ME ME JE TADDRESS Y ST ZIP JE ME JE TADDRESS Y ST ZIP JE ME JE TADDRESS Y ST ZIP JE ME JE ME		Change Addition Change Addition Change Addition
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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 it made under oath. 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 highest 12 or Block 13 if changed prior an attachment with an address.

SIGNATURE;

ME OF SIGNING OFFICER OR DIRECTOR SANTING 8-5-96 401-678-5728