SECOND N	OTICE: CORPORAT IN OR BEFORE 8/7/96:	ION WILL BE DISSO \$225 (IF DISSOLVED, I	LVED ON OR AFTER A	AUGUST 7, 1996. To reinstate: \$375.)		
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # F19792 (3)						
	DISTRIBUTORS,		(-)			A-C. B-C. B-C. B-C. B-C. B-C. B-C. B-C. B
0	-(D	h.A.	ailing Address			
Principal Place 311 \$ DIXIE A	VE	3	HI S DIXIE AVE			
TITUSVILLE FL 32796 US			TITUSVILLE FL 32796 US		3. Date Incorporated or Qualified 02/16/1981	d <b>3a.</b> Date of Last Report <b>05/01/1995</b>
2. Principal Pla	/ ~ /		Mailing Address	A 15	4. FEI Number	Applied For Not Applicable
21 <i>21 .</i> # Suite Apt	J. DIXIE I	+ JE. [26]	Suite, Apt #, etc.	16 1775	59-2094283 5. Certificate of Status Desired	\$8.75 Additional
City & State	SVILLE	27	1 11 US V 1 1 1 City & State	<u>E</u>	6. Election Campaign Financing	Fee Required  \$5.00 May Be
23 FLO	RIDA	28	PHURID.		Trust Fund Contribution	Added to Fees
24 Zip 327	, 100	REVARD 29	32796	Country BREVARD	Florida Statutes	or intangible tax under s. 199 032. Yes
		ress of Current Regis	stered Agent	81 Name	10. Name and Address of New	Registered Agent
	rtrude, anne ba S dixie ave	KINES		82 Street Add	ress (P.O. Box Number is Not Accept	table)
	JSVILLE FL 32796			83		<u></u>
				84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Se	ctions 607.0502 and 6	07.1508, Florida Statute	es, the above-named corp	oration submits this statement for the	numose of changing its registered
office or re agent. I ar	egistered agent, or bo in familiar with, and ac	ith in the State of Flori ocept the obligations o	dal Such change was a if, Section 607.0505, Flo	umorized by the corporati inda Statutes.	on's board of directors. Thereby acor	ері ше арролинені аз теділегесі
SIGNATURE	Styrua we typed or pricted na	noe of responsed agent and fit o		E. Registered Agent's grature in qui		DA'L
12.	DP	OFFICERS AND DIRE	CTORS DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12  Change Addition
NAME	BARNES, GERTI		<del></del>	1.2 NAME		
STREET ADDRESS	311 S. DIXIE AV			1.3 STREET ADDRESS 1.4 CHTY - ST - ZIP		
CITY-ST-ZIP TITLE	TITUSVILLE, FL	V	DELETE	2 1 TITLE		Change Addition
NAME				2 2 NAME		
STREET ADDRESS				2 3 STREET ADDRESS 2 4 CITY - ST - Z-P		
CITY - ST - ZIP TITLE			DELETE	3 1 HTLE		Change Addit-on
NAME				3.2 NAME		
STREET ADDRESS				3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	41 TITLÉ		Change Addition
NAME				4 2 NAME		
STREET ADDRESS				4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5 3 STREET ADDRESS		
CITY - ST - ZIP			DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
TITLE NAME			L. Decene	6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP	and the state of the	emotion auroviord with	this films is voluntarily for	64 CITY - ST- ZIP	alify for the exemption stated in Section	on 119.07(3)(k). Florida Statutes
further ce	ertify that the informati	on indicated on this ar officer or director of th	nnual report or supplem se cornoration or the rec	enta: annuai report is true :eiver or trustee empower	and accurate and that my signature ed to execute this report as required.	by Chapter 617, Florida Statutes, and
SIGNAT	URE: (Ma	in Bu	mes)-	Gertrude a	nne - 6/6/96	401-369-8541 Digitar Promis
	SIGNA	TURE AND TYPED OR PRINTE	ED NAME OF SIGNING OFFICEI GFRTRUDE	FOR DIRECTOR B	ORNES Oate	unytime Peroni; #