## 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 # F19929

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	•	v	Lu		

Principal Place of Business Mailing Address						1 1001100 1101 HOLD 1010 10110 10110 1011 01011 01011 01011 01011 01011 01011			
15400 NW HWY 27 OCALA FL 32675-8607 15400 NW HWY 27 OCALA FL 32675-8607									
							3. Date Incorporated or Qualified 02/17/1981		of Last Report 1/1995
2. Principal Pl	ace of Business	2a. Mailing	Address				4. FEI Number	<u> </u>	Applied For
21		26					59-2102555		Not Applicable
Suite, Apt		27]	Apt #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City &	State				6. Election Campaign Financing	<u></u>	<b>\$5.00</b> May Be
<b>23</b> Zip	Country	<b>28</b> Zip		Countr	·····		Trust Fund Contribution		Added to Fees
24	25	29		30	,		8. This corporation has liability for it.  Florida Statutes	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Kunders 199.032, No
.=-1	9. Name and Address of Curre		1	1			10. Name and Address of New Reg		
FHI	NTHOLT, MERCEDES			81	Na	me			
15400 NORTHWEST HIGHWAY 27			82	Str	eet Addre	ess (P.O. Box Number is Not Acceptable)			
00	ALA FL 32675			83					
				84	Cit	у		FŁ	85 Zip Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Staton familiar with, and accept the obli-	e of Florida, Such	change was au	rthorized by	the c	ed corpo orporation	ration submits this statement for the pu ri's board of directors. Thereby accept	pose of cha	anging its registered nord as registered
SIGNATURE	·								
	Signature, typed or protection in of regularised a		ं क्ष		ent sign	ature it genera	d when reliast (ling)	DAIL	
12.	PD OFFICERS A	ND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND D	IRECTORS IN 12 Charge Addition
NAME	DEGWITZ, LUISA G	L		1.1 TITLE 1.2 NAME				Ļ_	Criange
STREET ADDRESS	15400 N.W. HIGHWAY 27			1.2 NANE	r anner				
CITY-ST-ZIP	OCALA FL 34482			1.4 CITY -		.33			
THE	STD		DELETE	2 1 11111	J. [				Criange Addition
NAME	DEGWITZ DE JIMENEZ , ER	ika .		2.2 NAME					
STREET ADDRESS	15400 NW HWY 27			2.3.STREF	f ADDRE	iss			
CITY - ST - ZIP	OCALA FL 34482			2 4 CiTY -	ST-ZIP				
THLE	VPD		DELETE	3.1 TITLE				L.J	Change Addition
NAME	DEGWITZ, LUISELENA			3 2 NAME					
STREET ADDRESS	15400 NW HWY 27			3 3 STREE	T ADDR	ss			
CITY-ST-ZIP	OCALA FL			34 C TY -	ST-ZIP				
TITLE		Ĺ	DELETE	4 1 TITLE				L	Criange Addition
NAME				4 2 NAME					
STREET ADDRESS				4 3 STREE		58			
CITY - ST - ZIP			DELETE	44 CITY -	ST-ZiP				Change Addition
TITLE NAME		i	J DELCIE	5.1 TIFLE				LJ	Change Addition
STREET ADDRESS				5.2 NAME		.ee			
CITY-ST-ZIP				5 3 STREE 5 4 CITY -		:50			
THUE	w.w	<u>-</u>	DELETE	61 THE	<u> </u>				Change Addition
NAME		L		6.2 NAME					9. []000001
STREET ADDRESS				63 STREE	I ADDRI	-ss			
CITY-ST-ZIP				6.4 CHTY -					
	y certify that the information suppli	ed with this fring i	s voluntarily fur			not qualif	y for the exemption stated in Section 1	9 07(3)(k).	Florida Statutes 1

further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if 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 Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Luisa & de Degwish SIGNATURE OF BIGNATURE OF DIRECTOR

7/21/96 352-528-4976