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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

|   | 996<br>MENT # <b>F5190</b>   | 7 (6)  |   | ATIONS   |  |   |  |  |
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| Porporation I   |  | (-)  |   |  |  |   |  |  |
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| cipal Place o<br>3 <mark>30 TAMPA</mark> I  |  | Maing Address 3830 TAMPA ROAD  |   |  |  | ,, ,86, 6,6,, b,  | 5/5// 6/5// 5/5//  | iigii i <b>a</b> ti                                  |
| JITE 200  | R FL 34684-3605  | SUITE 200<br>PALM HARBOR FL 3  | 24684.3605  |  |  |   |  |  |
| ILM THRIDOR TE 04004-0000   |  | TREE INTENT TE STOOT SOO   |   | 3. Date incorporated or Qualified 10/30/1981   | 3a. Date of Last Report 01/19/1995   |   |  |  |
| rincipa' Plac   | ce of Business   | 2a. Mailing Address<br>26  |   |  | 4. FEI Number 59-2135225   |   | Applie   | ed For<br>oplicab                                    |
| uite Äpt.≇.   | , etc.   | Suite, Apt. #, etc.  | <del>.</del>  |  | Certificate of Status Desired  | ×   | \$8.75 Add   | litional   |
| rty & State   |  | City & State   |   |  | Election Campaign Financing     Trust Fund Contribution  |   | \$5.00 May Be<br>Added to Fees   |  |
| ιħ  | Country  | Zip  | <b>⊢</b>  | intry  | 8. This corporation has liability for  |   |  |  |
|   | 25 25 Name and Address of Curren   | 29   | 30  | 7  | Florida Statutes Yes  10. Name and Address of New F  | s No  | i Anent  |  |
|   | 9. Name and Address of Curren  | it negistered Agent  |   | 81 Name  | IV. Name and Address of the F  | negistered  | Agent  |  |
| BABCOC<br>3830 TAI  | CK, C. I. III<br>MPA RD  |  | 82 Street Add   |  | dress (P.O. Box Number is Not Acceptable)  |   |  |  |
|   | ARBOR FL 34684   |  |   | 83   |  |   |  |  |
| 1 Main 11/  |  |  |   |  |  |   |  |  |
| Pursuant to<br>or registere<br>familiar with  | the provisions of Sections 607.0502<br>d agent, or both, in the State of Floric<br>, and accept the obligations of, Secti  | and 607,1508, Florida State<br>da. Such change was author<br>ion 607,0505, Florida Statute                           | utes, the abo<br>rized by the o<br>es.  | 84 City<br>ove-named corporation's boa   | oration submits this statement for the pu<br>ard of directors. I hereby accept the app   | FL<br>prose of characteristics of the project of the p | hanging its registe  | ered off   |
| Pursuant to<br>or registere<br>familiar with<br>NATURE  | d agent, or both, in fire State of Floric<br>i, and accept the obligations of, Sectional<br>Apartum type for printed using of representaged<br>OFFICERS AND  | da. Such change was author<br>ion 607,0505, Florida Statuti<br>activisit agriculti. (f<br>D.DIRECTORS                | rized by the des.  NOTE: Registered  13.  | ove named corpor<br>corporation's boa<br>1 Agent signature require   | ard of directors. I hereby accept the app  | prose of choointment a  | hanging its registers registered agen  | ered off<br>nt. I am                                 |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

01-18-96 813.787.5251