

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



U. S. DEPARTMENT OF STATE
WASHINGTON, D. C. 20520
OFFICE OF THE ASSISTANT SECRETARY
FOR PUBLIC AFFAIRS
SA-1000

DOCUMENT # **F74223**

(1)

ROBERT J. ELKINS, CHARTERED

2:37

SECTION 11 - STATE
TALLAHASSEE, FLORIDA

[illegible]

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81	Name	81	Name
82	Street Address (P.O. Box Number or Post Office)	82	Street Address (P.O. Box Number or Post Office)
83		83	
84	City	84	City
		85	State

11. Pursuant to the provisions of Section 103 of the Florida Statutes, the undersigned hereby certifies that the statement for the purpose of determining his residence for the purpose of a report on his or her status of Florida's "Sunshine" law, as authorized by the appropriate board of directors, is true, except the aforementioned as requested report on the same with the laws of the Department of Banking and Finance.

[illegible]

12.	NAME(S), ADDRESS, CITY	13.	ADDRESS, CITY, STATE, ZIP	14.	NAME(S), ADDRESS, CITY
NAME	PS	NAME		NAME	
ADDRESS	ELKINS, ROBERT J.	ADDRESS		ADDRESS	
CITY	46 N. WASHINGTON BLVD., SUITE 29	CITY		CITY	
STATE	SARASOTA FL	STATE		STATE	
ZIP		ZIP		ZIP	
NAME		NAME		NAME	
ADDRESS		ADDRESS		ADDRESS	
CITY		CITY		CITY	
STATE		STATE		STATE	
ZIP		ZIP		ZIP	
NAME		NAME		NAME	
ADDRESS		ADDRESS		ADDRESS	
CITY		CITY		CITY	
STATE		STATE		STATE	
ZIP		ZIP		ZIP	
NAME		NAME		NAME	
ADDRESS		ADDRESS		ADDRESS	
CITY		CITY		CITY	
STATE		STATE		STATE	
ZIP		ZIP		ZIP	
NAME		NAME		NAME	
ADDRESS		ADDRESS		ADDRESS	
CITY		CITY		CITY	
STATE		STATE		STATE	
ZIP		ZIP		ZIP	
NAME		NAME		NAME	
ADDRESS		ADDRESS		ADDRESS	
CITY		CITY		CITY	
STATE		STATE		STATE	
ZIP		ZIP		ZIP	
NAME		NAME		NAME	
ADDRESS		ADDRESS		ADDRESS	
CITY		CITY		CITY	
STATE		STATE		STATE	
ZIP		ZIP		ZIP	

14. I, the undersigned, certify that the information contained in this report is, to the best of my knowledge and belief, true and correct, and that I am a duly qualified person to make such a statement. I am not aware of any facts or information which might cause the statement made in this report to be untrue or misleading. I am not aware of any facts or information which might cause the statement made in this report to be incomplete or misleading. I am not aware of any facts or information which might cause the statement made in this report to be false or fraudulent. I am not aware of any facts or information which might cause the statement made in this report to be unlawful or illegal. I am not aware of any facts or information which might cause the statement made in this report to be a violation of any law, rule, or regulation. I am not aware of any facts or information which might cause the statement made in this report to be a violation of any duty or obligation. I am not aware of any facts or information which might cause the statement made in this report to be a violation of any contract or agreement. I am not aware of any facts or information which might cause the statement made in this report to be a violation of any other law, rule, or regulation. I am not aware of any facts or information which might cause the statement made in this report to be a violation of any other duty or obligation. I am not aware of any facts or information which might cause the statement made in this report to be a violation of any other contract or agreement.

SIGNATURE: Robert J. Elkins 3/14/95 8/39516/51

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR