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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

. Corporatio FORT	MENT # F9400(Y THIRD AVENUE PROPERTI)003009 (7 Es, inc.	()		
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rincipal Place	of Business	Mailing Address			
PO BOX 16 ALTAMONT	HO28 E SPRINGS FL 32716	PO BOX 161028 — ALTAMONTE SPRINGS	110 2 N. 43° FL 32716 d n le, 19 z 8532	Mar	
		G IEN	dAle, MZ	3. Date Incorporated or Qualified	3a. Date of Last Report
Principal Di	ace of Business	T	89.30	00,00,1001	05/01/1995
rinoparri	ace of business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.		l	all is	86-0670777	Not Applicable
		Suite, Apt. #, etc. 27 / 10 2 N	43- Ho	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	1. A	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Glenda		Trust Fund Contribution	Added to Fees
T 85	301 25 ThARICOPA	ZIP (5.20)	Country	8. This corporation has liability fo	r intangible tax under s. 199.032,
	9. Name and Address of Current F	egistered Agent	30 MINCIECY	Florida Statutes	S No
			81 Name	TO, INDITIE AND ADDIESS OF NEW	Registered Agent
	, ERLENE		L.I	(DO D. 11)	
	HTHOUSE COURT		Street Ac	ddress (P.O. Box Number is Not Accepta	oble)
ALTAM	ONTE SPRINGS FL 32714		83		
			84 City		
			1. 1 47		FL 85 Zip Code
Pursuant to or registere familiar wit	o the provisions of Sections 607,0502 ar ed agent, or both, in the State of Florida. h, and accept the obligations of, Section	0 bU7.1508, Florida Statutes Such change was authorized 607 0505, Florida Statutes	i, the above-named corp d by the corporation's bo	poration submits this statement for the pu pard of directors. I hereby accept the app	urpose of changing its registered offic pointment as registered agent. I am
NATURE	o the provisions of Sections 607,0502 are ed agent, or both, in the State of Florida, h, and accept the obligations of, Section signature, typed or printed name of registerial agent and				
NATURE	Signature, tyrical or printed name of registered agent as d OFFICERS AND D	me Laggicatio (NOT) RECTORS	the above named corp d by the corporation's bo Bugistured Agent signature requ	uired when reinstating)	DATE
NATURE _	Signature, typed or printed name of registered agent at d OFFICERS AND D PC	bie Lapp√icahko (NiOTe	Registured Agent signature required. 13. 1 1 TITLE	uired when reinstating)	
NATURE _	Signature, tyred or printed name of registered agent as of OFFICERS AND D PC KNAUER, SUSAN	me Laggicatio (NOT) RECTORS	13. 1 1 TITLE 12 NAME	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12
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appears in Block 12 or Block 13 if changerl, or on an attachment with an address.

SIGNATURE: