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

95 SEP 15 MILL: 05

DIVISION OF CORPORATIONS

1996

DOCUMENT # F9400005465 (9)

Principal Place	OLDING COMPANY e of Business west lace of Business Thighway 60 West	Mailing Address 65 HIGHWAY WEST MULBERRY FL 2a. Mailing Address 26			-09/17/9 ****225	01949725 06-01161006 00_****225.00 3a. Date of Last Report 05/01/1995 Applied For Not Applicable
├ ┐ ' ' ' '		Suite, Apt. #. etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Mulberry Flo.		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33 80	Country	Zip 29	Country 30		8. This corporation has liability for inta	angible tax under s. 199.032, Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
120 PLA	CORPORATION SYSTEM 10 SOUTH PINE ISLAND ROAD 1NTATION FL 33324	and 607 1508 Florida Statul	82 St 83 84 Cd	ity	ss (P.O. Box Number is Not Acceptable) ation submits this statement for the purp	FL 85 Zip Code
office of reagent. La	egistered agent, or both, in the State on familiar with, and accept the obligat	f Florida Such change was a ions of, Section 607,0505 Flor and the dapple and (I/O	authorized by the brida Statutes.	corporation	i's board of directors. Thereby accept the	e appointment as registered
12.	OFFICERS AND	DELETE	13.	DS.	ADDITIONS/CHANGES TO OFFICER T	RS AND DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	REGAN, JOHN C 300 OXFORD DR. MONROEVILLE PA 15146	-	1 2 NAME 1 3 STHEET ADDI 1 4 CHY - ST - ZIF	ress 2 30	ollo Lipmand or west albemy Fld 37860	المستقد الم
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MUSACCHIO, JOHN M 300 OXFORD DR. MONROEVILLE PA 15146	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADM 2.4 CITY - ST - 74	ress 23 0	HO AUKITATIB To Highway Go West. Alberny Fla 3.3860	∀ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VANDALL, KIMBERLY K 300 OXFORD DR. MONROEVILLE PA 15146	DELETE	3.1 TIFLE 3.2 NAME 3.3 STREET ADDI 3.4 CHY-SI-7II	70 1526 230	intric mayer o Highway bo wast lberry 1966 33860	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELFTE	4 1 TITLE 4 2 NAME 4 3 STREET ADDI 4 4 CITY - ST- ZIF	RESS		Change Addition
VU E NAME STREET ADDRESS CITY-S1-Z:P		DELETE	5 1 TIFLE 5 2 NAME 5 3 STREEF ADDI 5 4 CITY - ST- ZIF	- 1		Change Addition
TITLE NAME STREET ADDRESS		DELETE	6 1 TITLE 6 2 NAME 6 3 STREET ADOR		a. al an	Change Addition

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this annual 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 Book 12 or Book 13 if changed in a structure with an address. that my name appears in Brock 12 or Brock 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE FACT TYPED OF PRINTED NAME OF SIGNING OFFICER OF PRINTED TO

941-425-1084 Days the Province