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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation		· ·	(1)				
Principal Place (of Business	Mailing Address			{	UNIO 1884 ANDRE BUSIE GURAL	
3375-G CAPITAL CIRCLE. NE TALLAHASSEE FL 32308		3375-G CAPITA	3375-G CAPITAL CIRCLE. NE TALLAHASSEE FL 32308				
					3. Date Incorporated or Qualified 10/19/1982	3a. Date of Last F 01/24/	
2. Principal Plac	e of Business	2a. Mailing Address	 3		4. FE3 Number	01/24/	Applied For
1		26			59-2231247 Not Applic		Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, e	Suite, Apt. #, etc		5. Certificate of Status Desired		5 Additional Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	□ \$5.0°	00 May Be
	Country	Zip	Countr	· γ	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No		
24	25	[29]	30]				
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New R	legistered Agent	
THOM	ON, W. FREDERICK		8	1 Name			
	CAPITAL CIRCLE, N.E.		8:	2 Street Add	ress (P.O. Box Number is Not Acceptab	He)	
	IASSEE, FL		8:	3			
32308			_				
			84	84 City FL 85 Zip Code			
SIGNATURE s		er satsaraja site AND DIRECTORS	(NO'E forgotioned Agr	old Sylvalure to pro-	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTO	DRS IN 12
TIFLE	PSD DELETE			1		☐ Change	☐ Addit₁an
THOMSON, W. FREDERICK 3375-G CAP. CIR. NE		UK	1.2 NAME				
TALLAHASSEE, FL 00000		n	1.3 STREET ADDRESS				
TILE	DELETE		2 1 HILE			☐ Change	Addition
NAME	Lui		2.2 NAME			[] Guarge	[] Addition
STREET ADDRESS			23 STREE	EL ADDRESS			
CITY - ST - ZIP			2.4 CITY -	S1 - 7/F			
TITLE	DELETE		3 1 T TLE			Change	☐ Addition
NAME			3.2 NAM6				
STREET ADDRESS				ET ACORESS			
City+S'-7P Ti'le				3 4 CHY - ST - ZIP			
NAMÉ			4 1 7111.6			∐ Change	Addition
STREET ADDRESS			4.2 NAME				
CiTY-ST-ZIP				T ADDRESS			
TITLE	DELETE		4.4 CITY - 5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				TIADORESS			
CITY - ST - ZIP			5.4 Offy -	I .			
TULE	DELETE		6 1 WILE			Change	Addition
NAME			6.2 NAME				
S1HEET ADDRESS			6.3 STHEE	1 ADDRESS			
CITY - ST - ZiP	certify that the information supplie		6.4 CITY	S* - Z:P			

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 Onapter 607, Fiorida Statutes, and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. M. Legica Standard Name of Signing Officer or Director

3-5-76 904-385-7444