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

Principal Place of Business Mailing Address 3301 PLACIDA RD 3301 PLACIDA RD ENGLEWOOD FL 34224 ENGLEWOOD FL 34224	9 29 20 4 111 0 1941 9 1911 9 1927 9 1931 9 194 9 1931 19 <u>9</u> 1
3. Date Incorporated or Qualifi 02/03/1983	ed 3a. Date of Last Report 05/01/1995
2. Principal Place of Business 2a. Mæling Address 4. FEI Number 21 26 59-2255737	Applied For
Suite Ant. #, etc. Suite Ant. #, etc.	Not Applicable
22 2 5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 6. Election Campaign Financin	9 \$5.00 May Be
28 Trust Fund Contribution	L.J Added to Fees
	for intangible tax under s 199.032, Yes \[\] No
9. Name and Address of Current Registered Agent 10. Name and Address of Ne	
YARCHENKO, EDWARD L. 3301 PLACIDA ROAD ENGLEWOOD FL 34224 81 Name 82 Street Address (P.O. Box Number is Not Access and	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typical or printed name of registered agent and little it applicable. (NOT: Flagrature Agent signature recomes when resistance)	appointment as registered agent. I am
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO CONTINUE PD DELETE 1.17/ILE	OFFICERS AND DIRECTORS IN 12 Change Addition
NAME YARCHENKO, EDWARD L. 1.2 NAME	Change Addition
STREET ADDRESS 254 MARK TWAIN LN. 1.3 SIREFT ADDRESS	
CITY-SI-ZIP ROTONDA FL 1.4 CITY-SI-ZIP	
TITLE STD DELETE 2 1 TITLE	Change Addition
NAME YARCHENKO, LINDA L. SIRSELADDRESS 254 MARK TWAIN LN. 22 NAME 22 NAME 23 SIRSELADDRESS	
ROTONDA FI	
CITY-ST-ZIP	F3105
NAME 32 NAME	Change Addition
STREET ADDRESS 33 STREET ADDRESS	
CHY-ST-ZIP 3 4 CHY-S1-ZIP	
THLE DELETE 4 1 TILE	☐ Change ☐ Addition
NAME 4.2 NAME	· —
STREET ADDRESS 4.3 STREET ADDRESS	1
CITY-ST-ZIP 44 CITY-ST-ZIP	
TITLE DELETE 5 1 TALE	Change Addition
1 I	
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP	Closes Class
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE	Change Addition
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and do is 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 un 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 regiver or trusted showers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 its largest or or an attachny it with an address.

SIGNATURE:

5-20-26 (94)1677-2220