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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

G36822 DOCUMENT #
1. Corporation Name

(6)

**FILED** Apr 24 1996 8:00 am Secretary of State

Principal Place 211 RAYBU PLANT CIT	irn RD.	Mailing Address P. O. BOX 9132 PLANT CITY FL 335 US	566		
				3. Date Incorporated or Qualified 05/03/1983	3a. Date of Last Report 03/30/1995
2. Principal Pla 21		2a. Mailing Address 26		4. FEI Number 59-2294847	Applied For Not Applicable
Suite, Apt. #		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	····	City & State		Election Campaign Financing     Trust Fund Contribution	S \$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25  9. Name and Address of Currer	Ζιρ 29	Country 30	8. This corporation has liability for in Florida Statutes Yes  10. Name and Address of New R	□No
2107 V	CO, RODGER V. SANDALWOOD DR. CITY FL 33566		81 Name 82 Street Addr 83 84 Oty	ress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
or registere familiar with	o the provisions of Sections 607,0502 ad agent, or both, in the State of Florin h, and accept the obligations of, Sect Signature typed or printed ranks of reinhead agen	la: Such change was authoriz ion 607.0505, Florida Statutes	red by the corporation's boar	ration submits this statement for the pur ad of directors. Thereby accept the appoint	nose of changing its registered office
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFI	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PST BLANCO, RODGER 2107 W SANDALWOOD PLANT CITY, FL 00000	☐ DELETE	1 1 THLE 12 NAME 13 STREET ADDRESS 14 CHY+S1-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ DELFTE	2 1 TITLE 2 2 NAME 2 3 STHEET ADDRESS		Change Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS		□ DECETE	2 4 CTY - ST - ZE <sup>2</sup> 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS		☐ Change ☐ Addition
TIFLE NAME STREET ADDRESS		☐ DECETE	3.4 CHY-SY ZIP 4.1 TIYLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5 1 11/LE 5 2 NAME 5 3 STREET ADDRESS		Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ DELETE	6 + C-1Y - ST - Z-P 6 + TITLE 6 2 NAME 6 3 STREFT ADDRESS 6 4 C-1Y - ST - Z-P		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

