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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

G41458

(2)

Principal Place of Business 2381 BROOKSIDE DR					3. Date Incorporated or	3. Date Incorporated or Qualified 3a. Date of Last Report			
					05/23/1983		04/20/	1995	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
11		26	· · · · · · · · · · · · · · · · · · · ·		59-2291933	<u> </u>		Not Applicable	
Suite, Apt. #	F, etc.	Suite, Apt. #, etc.			5. Certificate of Status D	Desired		5 Additional	
City & State		City & State				····	F00	Required	
3		28			6. Election Campaign Fir		•	00 May Be	
<u>Z</u> ip	Country	Zip	Counti	n/	Trust Fund Contribution	JI -	Adde	ed to Fees	
4	25	29	30	'Y	This corporation has the Florida Statutes	Yes		199.032,	
<u></u> 1	9. Name and Address of Curr				10. Name and Address	<u></u>			
			8	1 Name	10, 4110 11001000	How Hoyla			
ERIT7	POREDT A								
Fritz, Robert A. 2381 Brookside Dr			8:	2 Street Ac	ddress (P.O. Box Number is Not	Acceptable)			
	ANTIC FL 32903		8:	3				 · · · · ·	
шылы	AITHO I E 02000		L						
	•		8	4 City			FL 85 Z	ip Code	
or registere	eo agent, or born, or the State of Fic	orida. Such change was authoriz	ed by the cor	noration's be	oard of directors. Thereby accer	or the purpose	ent as renistere	d agent I am	
SIGNATURE	in, and a stept the obligations of, Se	ction 607,0505, Florida Statutes	3.		poration submits this statement oard of directors. I hereby acceptions are the control of the co	¥.	lent as régistère 1-15-96 DATE	d agent. I am	
SIGNATURE	Signature, typed or printed name of regist red age OFFICERS A	ent and title if applicable (NO	3.			.	1-15-96 BATE		
SIGNATURE	in, and a stept the doligations of, Se Stynuture, typed or printed name of regist ved ago OFFICERS A	ent and title if applicable (NO	S. DTE: Registered Ag	ent signature requ	oired when remstating)	.	1-15-96 BATE		
SIGNATURE	Signature, typed or printed name of regal year ago OFFICERS A P FRITZ, ROBERT ALAN	ent and title if applicable (NO	S. OTE: Registered Ap.	ent signature requ	oired when remstating)	.	1-15-96 DATE S AND DIRECTO	DRS IN 12	
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oath, that I am an officer or director of the corporation of 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 chapter 6, or on injuttachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 407-779-8731