Suite, Apt. #, etc.     Suite, Apt. #, etc.       22     27       City & State     City & State       23     28       Zip     Country       Zip     Country         Suite, Apt. #, etc.       5. Certificate of Status Desired       Fee Required       Fee Required       Fee Required       State       City & State       City & State       State       State       State       City & State       State <t< th=""><th>ANNUAL REP <b>1996</b></th><th>ON ORT</th><th>Sandra Secret</th><th>ARTMENT OF STATE B. Mortham ary of State CORPORATIONS</th><th></th></t<>	ANNUAL REP <b>1996</b>	ON ORT	Sandra Secret	ARTMENT OF STATE B. Mortham ary of State CORPORATIONS	
Purceper Page of Duratines       Making Address         1500 S LAKEAONT AVE WITTER PARK FL 32720 US       P O BOX 4549 P O BOX 4549 WITTER PARK FL 32720 US       P O BOX 4549 P O BOX 4549 WITTER PARK FL 32720 US         2. Through a Prace of Bourness       2a. Making Address       A. External Park FL 32720 US       a. Exter of 1ast Report 02/17/1995         2. Through a Prace of Bourness       2a. Making Address       a. Exter of 1ast Report 02/17/1995       A. Exter of 1ast Report 02/17/1995         2. Through a Prace of Bourness       2a. Making Address       a. Exter of 1ast Report 02/17/1995       A. Exter of 1ast Report 02/17/1995         2. Through a Prace of Bourness       2a. Making Address       a. Exter of 1ast Report 02/17/1995       A. Exter of 1ast Report 02/17/1995         2. Through a Prace of Bourness       2a. Making Address       a. Exter of 1ast Report 02/17/1995       B. Exter of 1ast Report 02/17/1995         2. Annot and Address of Current Program and Address of Current Registered Agent       1b. Exter of 1ast Report 02/02/11       B. Reme and Address of Current Registered Agent         3. Barre and Address of Current Registered Agent       a. Exter of 1ast Report 02/02/11       1b. Name and Address of Current Registered Agent       10. Name and Address of Current Registered Agent         3. ACOCK, DAVID       350 ML/LAND AVE 1       10. Name and Address of Current Registered Agent       10. Name and Address of Current Registered Agent         4. ACAMONTE FL 32701	1. Corporation Name	0,1002,	(-)		
Princip Paulo In Exempts  Princip Paulo In 200 In Exempts  Princip Paulo In 200 In Exempts  Princip Paulo International Internation International Internationa International Internatio					
2. Preprint Plane of Business       2a. Multing Address       4. FERMunitor       Applied For         21       26       Suite. Apl. #, etc.       26       Suite. Apl. #, etc.       26         22       21       21       Suite. Apl. #, etc.       59-2335133       Nov Applicable         22       City & State       21       Suite. Apl. #, etc.       58.75 Additional       Fee Required         23       City & State       28       Country       Executive of Status Dowed       S8.75 Additional         24       28       Country       Executive of Status Dowed       S8.75 Additional       Fee Required         24       28       29       Country       Executive of Status Dowed       S8.75 Additional       Fee Required         24       28       29       Country       Executive of Status Dowed       S8.75 Additional         24       28       29       Country       Executive of Status Dowed       S8.75 Additional         29       State Address of Current Registered Agent       10       Name and Address of Name Registered Agent       10         41       AttraMONTE FL 32701       84       City       FL 85       20       Code         11. Phasen rule registered Agent Status Exect Address P/O. Flock Nambol Status Exect Address P/O. Flock Namo	1550 S LAKEMONT AVE WINTER PARK FL 3279	E	P O BOX 4549 P.O. BOX 941390 WINTER PARK FL 323	793	3. Date Incorporated or Qualified 3a. Date of Last Report
22     27     Cry & State     State     Cry & State     State <th>21</th> <th>-</th> <th></th> <th></th> <th>4. FEI Number Appled For</th>	21	-			4. FEI Number Appled For
28       26       Country       27       20       Country       27       Country       27       Country       27       Country       28       29       30       Final Fund Contabution       Country       10       Name and Address of Current Registered Agent         AYCOCK, DAVID       9. Name and Address of Current Registered Agent       81       Name       10. Name and Address of Naw Registered Agent       10. Name and Address of Naw Registered Agent         AYCOCK, DAVID       9. Name and Address of Current Registered Agent       81       Name       10. Name and Address of Naw Registered Agent         AYCOCK, DAVID       82       Street Address (P.O. Elox Number is Net Acceptable)       92       Street Address (P.O. Elox Number is Net Acceptable)         41       AttaMONTE FL 32701       84       Cdy       FL       85       Zip Code         11. Pursamin to the provements of Sections 507.0507 and 607.1508. Floods Statutes       Statute Composition Science: The statute for the provide agent is neglectered agent. Tam       10       FL       85       Zip Code         12. Or FriceIss And Digitation of Code Core (FO CODE)       Digitation of the statute is neglectered agent. Tam       10       10       FL       85       Address to OFFICEIS AND Differents in the tam statute is neglectered agent. Tam         12. OF FriceIss AND Different Cores       Different Addrestagene prov	22		27		Fee Required
P. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     AVCOCK, DAVID     SoS MATLAND AVE     I     ALTAMONTE FL 32701     B3     City     Street Address (P.O. Box Number is Not Acceptable)     Street Address     Street Addres	<b>23</b>	Country	<b>28</b> Ζιρ	—	Trust Fund Contribution         LJ         Added to Fees           8. This corporation has liability for intangible tax under s         199.032,
505 MAITLAND AVE     I       I     ALTAMONTE FL 32701       84     City       FL     85       71. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above mained corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the Statute of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the Statute of Florida. Such change was authorized by the corporation's board of of incortors. Thereby accept the appointment as registered agent. Tam fill a corporation submits this statement for the purpose of changing its registered agent. Tam fill a corporation submits this statement for the purpose of changing its registered agent. Tam fill a corporation submits the appointment as registered agent. Tam fill a corporation submits the appointment as registered agent. Tam fill a corporation submits the appointment as registered agent. Tam fill accept the obligations of Section F07.0505, Florida Statutes.       SIGNATURE     Corporation Statutes.       Signature intervention for the purpose of changing its registered of fice.       Title     DP       NMM     AVCOCK, DAVID       Signature intervention for the purpose of change in a data for the purpose of the obligation of the purpose of change in a data for					
FL       FL         11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florda Statutes, the above named corporation submits his statement for the purpose of changing its registered office candidary with, and accept the obligations of, Section 607.0505, Florda Statutes.         SIGNATURE       Signant, friend accept the obligations of, Section 607.0505, Florda Statutes.         SIGNATURE       OF FLCE RIS AND DIFE CTORIS         12.       OF FLCE RIS AND DIFE CTORIS         13.       ADDITIONS/CHANGES TO OFFLCE RIS AND DIFE CTORIS IN 12         14.       DP         ACCOCK, DAVID       DELETE         13.       ADDITIONS/CHANGES TO OFFLCE RIS AND DIFE CTORIS IN 12         14.       DP         ACCOCK, DAVID       DELETE         14.       DELETE         15.       ACDITIONS/CHANGES TO OFFLCE RIS AND DIFE CTORIS IN 12         16.       THEF         ACCOCK, DAVID       DELETE         17.       OFFLCE RIS AND DIFE CTORIS         18.       ADDITIONS/CHANGES TO OFFLCE RIS AND DIFE CTORIS IN 12         11.1       DELETE         12.0       DELETE         13.0       DELETE         14.0       DELETE         14.0       DELETE         21.0       DELETE         21.0       DELETE	505 MAITLAND A			83	
NAME         AYCOCK, DAVID         12 NAM.           STREEF ADDRESS         647 CARYELL DR         13 STREEF ADDRESS           CHY-SI-2P         WINTER PARK, FL 0         14 CHY-SI-2P           TILE         DELETE         2 TOTLE           STREEF ADDRESS         CARYELL DR         Change           STREEF ADDRESS         23 STREEF ADDRESS         Change           STREEF ADDRESS         23 STREEF ADDRESS         CHY ST ZP           TILE         DELETE         3 TOTLE         Change           TILE         DELETE         3 TOTLE         Addition           NAME         STREEF ADDRESS         CHY ST ZP         Change           TILE         DELETE         3 TOTLE         Change         Addition           NAME         32 NAML         STREEF ADDRESS         CHY ST ZP         Change         Addition           STREEF ADDRESS         33 STREEF ADDRESS         CHY ST ZP         Change         Addition           NAME         STREEF ADDRESS         33 STREEF ADDRESS         CHANGE         Change         Addition           NAME         DELETE         4 TOTLE         4 TOTLE         Change         Addition           NAME         CHANGE         42 NAMI         CHANGE         CHANGE<	SIGNATURE Sgrutole, types	or printed name of registericit agent and	riloitan isan ison	The Registered Agent Signature requires	olwher renstalerg
III.F     DELETE     2 1 DILE       NAME     2 2 NAM:       STREET ADDRESS     2 3 STREET ADDRESS       CTY ST ZP     24 CITY ST ZP       TILLE     DELETE       3 1 DILE     3 1 DILE       STREET ADDRESS     3 3 STREET ADDRESS       CTY ST ZP     24 CITY ST ZP       TILLE     Change       Addition       NAME       STREET ADDRESS       CTY ST ZP       DELETE       3 1 DILE       STREET ADDRESS       CTY ST ZP       DELETE       3 STREET ADDRESS       CTY ST ZP       DELETE       3 4 CITY ST ZP       TULE       DELETE       3 4 CITY ST ZP       TULE       DELETE       3 4 CITY ST ZP       TULE       DELETE       4 1 TITLF       Change       Addition       NAME       STREET ADDRESS       Change       Addition	THLE DP NAME AYCO STREET ADDRESS 647 C	ck, david Arvell dr		1 + TIPLE 17 NAM: 13 STREET ADDRESS	
ILLE     DELETE     3 1 TILE     Change     Addition       NAME     32 NAML     32 NAML     33 STREET ADDRESS       CHY_ST_ZP     34 CHY_ST_ZW     34 CHY_ST_ZW       TILE     DELETE     4 1 TILE     Change       NAME     42 NAML       STREET ADDRESS     43 STREET ADDRESS			DELEIE	2 1 BILE	Change 🗌 Addition
THLE     DELETE     4 1 THLF     Change     Addition       NAME     4 2 NAMI       STHEET ADDRESS     4 3 STREET ADDRESS	NAME STREET ADDRESS				
	NAME STREET ADDRESS CLEY ST ZIP TICLE NAME STREET ADDRESS		DELETE	24 CITY ST ZIF 3 1 THLE 32 NAME 33 STREET ADDRESS	Change 🗌 Addition
DELETE         5.1 THE         Change         Add bon           NAME         5.2 NAML         5.3 STREET ADDRESS         5.3 STREET ADDRESS           CITY: S1: ZIP         5.4 CITY: S1: ZIP         5.4 CITY: S1: ZIP	NAME           STREET ADDRESS           CFY_ST_ZIP           TICLE           NAME           STREET ADDRESS           CHY_ST_ZP           THLE           NAME           STREET ADDRESS			2 4 CHY ST 20 3 1 THE 3 2 MAME 3 3 STREET ADDRESS 3 4 CHY ST-20 4 1 THEF 4 2 NAME 4 3 STREET ADDRESS	
TRUE     DELETE     6 1 TRUE     Change     Addition       NAVE     6 2 NAME     6 2 NAME     Change     Addition       STREET ADDRESS     6 3 STREET ADDRESS     6 3 STREET ADDRESS     CHIY ST 2/P       14. I do hereby configuration supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	NAME           STREET ADDRESS           CFY_ST_ZP           TIGLE           NAME           STREET ADDRESS           CHY_ST_ZP           TULE           NAME           STREET ADDRESS           CHY_ST_ZP           TULE           NAME           STREET ADDRESS           CHY_ST_ZP           THE           NAME           STREET ADDRESS           STREET ADDRESS		DELETE	2 4 CHY ST 20 3 1 THE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY ST-20 4 1 THEF 4 2 NAME 4 3 STREET ADDRESS 4 4 CHY - ST-20 5 1 THEF 5 2 NAME 5 3 STREET ADDRESS	Change [] Addition