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• PROFIT CORPORATION · ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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| Principal Place | of Business | | Mail | ling Address | | | | S OR BOTH A BAT BUILD | 19181 18118 9 |) (CIN 1811 8191 | IC MYRU DIMIN 4 | HOUR BLOCK BENEFE FAN |
| P.O. DRAWER 1549 P. | | | | 605 n. Main P.O. Drawer 1549 Chieflnd., Fl. 32626 | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | | 3. Da | te incorporated or 09/16/1983 | Qualified | 3a. Da | ate of Last f 04/24/1 | |
| 2. Principal Pl | ace of Busines | s | 2a. | Mailing Address | | | 4. FE | l Number | | . - | | Applied For |
| 21 Cuito Ant | | | 26 | | | | | 59-2356893 | 3 | | | Not Applicable |
| Suite, Apt. #, etc. 27 | | | | Suite, Apt. #, etc. | | | 5 . G€ | 5. Certificate of Status Desired \$8.7 | | | | 5 Additional Required |
| City & State | | | 28 | Dity & State | | | | ection Campaign Fo ust Fund Contribut | | [] | | 00 May Be ed to Fees |
| Zip | | Country | Ž | Zip | Co | ountry | 8. Th | is corporation has | liability for | intangible | | |
| 24 | | 5 | 29 | | 30 | | | rida Statutes | | No [] No | | |
| | 9, Name a | nd Address of Curr | ent Registe | red Agent | | 81 Name | 10. No | ame and Address | of New F | Registere | d Agent | |
| 14400 | ALL A 1500 | | | | | Name | | | | | | |
| | ON, G. NEW | COMBE | | | | 82 Street | Address (P.O. | Box Number is No | t Acceptat | ole) | | |
| RT. 2, BOX 952 CHIEFLND FL 32626 | | | | | | 83 | | | | | | |
| UNIER | LND FL 320 | 20 | | | | | | | | | | |
| | | | | | | 0.41 | | | | | 85 Z | ip Code |
| 11. Pursuant t | o the provision | ns of Sections 607.05 | 02 and 607. | 1508, Florida Sitatu | tes, the ab | 84 City ove-named o | orporation subn | n ts this statement | for the pur | FI rpose of c | hanging its | registered office |
| 11. Pursuant to or register familiar with SIGNATURE | | ns of Sections 607.05 oth, in the State of Fig the obligations of, Se | | | | ove-named or corporation's | | | for the pur pt the app | rpose of cl iointment a | hanging its as registered | registered office d agent. I am |
| | | is of Sections 607.05 oth, in the State of Fic the obligations of, Se purited name of registered ago | ont and title if app | ricable (N | | ove-named or corporation's | required when reinsta | tirg) | | rpose of clointment a | hanging its as registered | |
| SIGNATURE _ | | printed name of registered ag- | ont and title if app | ricable (N | OTE Registere | ove-named or corporation's | required when reinsta | | | rpose of clointment a | hanging its as registered | |
| SIGNATURE _ 12. TITLE | Signature, typed or P WASSO | OFFICIERS A | ont and tille if app ND DIRECTO | ricable (N ORS | OTE: Registere 13. | ove-named coorporation's | required when reinsta | tirg) | | rpose of clointment a | hanging its as registered ID DIRECTO | DRS IN 12 |
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oath, that I am an officer or director of the corporation or the receiver or tustee 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. 3-14-96 352-493-4238

SIGNATURE:

HONON C. Was AND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR