

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

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95 APR 20 AM 11:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # G61883 (6)

**1. Corporation Name
INCA, INC.**

**Principal Place of Business Mailing Address
2519 WHISPERING PALMS LOOP CHULA VISTA CA 91915 US
2519 WHISPERING PALMS LOOP CHULA VISTA CA 91915 US**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 09/30/1983
3a. Date of Last Report 04/29/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

**4. FEI Number 59-2371107
Applied For Not Applicable**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SHARIT, JOE L., JR.
99 SIXTH ST., S.W.
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

**81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 purpose of changing its registered office 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	EDMISTON, M. D.
STREET ADDRESS	2519 WHISPERING PALMS LOOP
CITY - ST - ZIP	CHULA VISTA CA
TITLE	DST
NAME	EDMISTON, PATRICIA A
STREET ADDRESS	2519 WHISPERING PALMS LOOP
CITY - ST - ZIP	CHULA VISTA CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: PATRICIA A. EDMISTON (DST) Patricia A. Edmiston 4/13/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #

619-421-5241

OPTIONAL FORM NO. 100 (REV. 11-83)