PROFIT CORPORATION ANNUAL REPORT		FL	FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORAT ONS			
DOCUM 1. Corporation N	ENT # G639 2	22	(0)			
Principal Place of 5715 17TH ST BRADENTON F US	E		idress H AVE NW ITON FL 34209-18	01	3. Date Incorporated or Qualified	3a. Date of Last Report
					10/06/1983	05/01/1995
2. Principal Plac	e of Business	2a. Mailing	Address		4. FEI Number 59-2330619	Applied For Not Applicable
Suite, Apt #,	etc.	26 Suite,	Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & 28	State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	2ip		Country 30	8. This corporation has liability for Florida Statutes 10. Name and Address of New	s ∐ No
11. Pursuant to	TON FL 33505 the provisions of Sections 607.05 d agent, or both, in the State of Fig., and accept the obligations of, S	anda Such chanc	NE MESS A HILIODANI	the above named corporation's box	oration submits this statement for the p and of directors. I hereby accept the ap	urpose of changing its registered office pointment as registered agent. I am:
	agreature, typed or protect harrie of registered a		\$400E	Registrant Agent signature regie	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	PD LUKACS, GEORGE ALLAN 5507 4TH AVE NW		DELETE	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS	ADDITIONS OF INFREES TO G	Change Addition
CITY-S1-ZIP TITLE NAME STREET ADDRESS	BRADENTON, FL 00000 VD LUKACS, GEORGE W 5507 4TH AVE NW BRADENTON, FL 00000		DELETE	14 CIT + ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	STD LUKACS, JUDITH C 5507 4TH AVE NW BRADENTON, FL 00000		☐ DELETE	2.4.C117-S1-ZIP 3.1.THLE 3.2.NA.WE 3.3.ST-REFLADDRESS 3.4.CHY+S1-ZIF		☐ Change ☐ Addition
CITY-SI-ZIF TITLE NAME STREET ADDRESS	DIPULITION, TE 00000		DELETE	4 1 Trille 4 2 NAME 4 3 STIFEET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	44 CP + ST-ZIP 5 1 TI LE 52 NAME 53 ST-EET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Crange ☐ Add-tion
CITY-ST-ZIP TITLE NAME			DELETE	5.4 CL Y - S1 - ZIP 6.1 TILE 6.2 NAME		Change Addition

DITY-ST-ZIP

14. It 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 cath; 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 chapted, or on an attackment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND Typed OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)