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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name G64880

(9)

CENTE Principal Place 3405 MARKO		Mailing Address 3405 MARKO	· .		
SARASOTA I	FL 34237	SARASOTA FL 3423	7		
				3. Date Incorporated or Qualified 10/13/1983	3a. Date of Last Report 03/29/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FET Number	Applied For
21] Suite, Apt, #	# plc	[26]	·	59-3224268	Not Applicable
22	,, 0.0.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]		Trust Fund Contribution	Added to Fees
Ζιρ 24]	Country	Zφ	Country	8. This corporation has liability for	
<u></u>	25 9. Name and Address of Curre	29 29 Agent	30	·	No
	D. Harris and Madros of Odiffe	The tregretered Agent	81 Name	10. Name and Address of New F	legistered Agent
GRIFFIS	, JOHN W. III				
1444 FIF			82 Street Add	ress (P.O. Box Number is Not Acceptat	ile)
SARASO	TA FL 33577		83		
			84 City		1-1 5 6
			- "	ration submits this statement for the pured of directors. Thereby accept the app	FL 85 Zip Code
TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE	OFFICERS AT VS WARREN, WILLIAM, JR. 3405 MARKO SARASOTA FL	ND DIRECTORS DELETE	OTE Hopistown Apent signal as include 13. 1 TPILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFF	Change Addition
NAME STHEEF ADDRESS DITY-ST-7IP	Warren, William, III 3405 Marko Sarasota Fl	U DECENT	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS OTTY-ST-ZIP		□ DELFTE	3 1 THLE 32 NAME 33 SIREET ADDRESS 34 C-TY-ST-7/F		Change Addition
TITLE NAME STREET ADDRESS CITY-ST ZIP		□ DELETE	4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
NAME STHEET ADDRESS DITY-ST-ZIP		☐ DELFTE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		Change Addition
THE AME		C) DELETE	5 4 CHY - ST- ZIP 6 1 TITLE 6 2 NAME 6 3 STHEFT ADDRESS		Change Addition
oath; that I a		ration or the receiver or truste	nai report is true and accura-	or the exemption stated in Section 119.0 te and that my signature shall have the s report as required by Chapter 607, Flo	

SIGNATURE: MAN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 941-951-1149