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PROFIT CORPORATION **ANNUAL REPORT**



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

G66868

INCHIDANCE AND EINANCIAL REDVICES OF DENISACOLA L

NC.							
Principal Place	of Business	Mailing Address			I LOSANIAN ORAN DILAN DILAN NOVA NOVA		
%PARHAM N. BOOKER, JR. 2810 E. CERVANTES STREET PENSACOLA FL 32503		%PARHAM N. BOOKER. JR. 2810 E. CERVANTES STREET PENSACOLA FL 32503					
					3. Date Incorporated or Qualified 11/01/1983	3a. Date of Last R 05/01/19	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	├ ─-	Applied For
Suite, Apt. #	l etc	Suite, Apt. #. etc.			59-2332750		Not Applicable
22		27			5. Cert-ficate of Status Desired		Additional Required
Cily & State 23		City & State			Election Campaign Financing Trust Fund Contribution		May Be
Ζιρ 24	Country 25	Z ₁ p	Coun 30	try	8. This corporation has liability for in Florida Statutes Yes	intangible tax under s	
	9. Name and Address of Curren				10. Name and Address of New R		
			1	B1 Namio			
	R, PARHAM N., JR.		ļ	32 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	CERVANTES ST. OLA FL 32503		Ī	33			
			1	34 City		85 Zı	p Code
				1 '		F-1	
or registers familiar with	o the provisions of Sections 607 0502 ad agent, or both, in the State of Florit is and accept the obligations of, Secti	i and 607.1508, Florida Statu da. Such change was a ithor ion 607.0505. Florida Statuti	ates, the abovitized by the co	e named corpo irporation's boa	ration submits this statement for the purp rd of directors. Thereby accept the appo	pose of changing its r pintment as registered	registered office Lagerit, Lam
SIGNATURE _	The second second second second second	or correct plants	<i>3</i> 3.				
	Signature. Specific printed care of registered specif		Note: Registered A	and signature reason	dwien or preing:	DATE	
12.	OFFICERS AND	DIPRECTORS	13.		l w न क उर्वेल्ड ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	**************************************
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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 a laddress.

SIGNATURE AND TYPER ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE!

904 434-1111 Duyth e Phone #