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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(5)

	/// UE/4	ICH, INC									
Principal Place o	f Business		М	ailing Address				* tåffret ågta Ertar iåtåt fåtjå ma	1701 41517 2121	J. 4.1 9191	
356 BLANDING	3 BLVD			P. O. BOX 1424							
P.O.BOX 1424				P.O.BOX 1424	00007 1 404						
ORANGE PARK FL 32073 US				ORANGE PARK FL 32067-1424 US			3. Date Incorporated or Qualified 3a. Date of Last Report				
Ų3								11/14/1983		<u>/01/19</u>	
2. Principal Plac	e of Business		2a.	Mailing Address				4. FEI Number		-	Applied For
<u>.                                    </u>			26					59-2336419		<u> </u>	Not Applicable  5 Additional
Suite, Apt. #,	etc.		-	Suite, Apt. #, etc.				<ol><li>Certificate of Status Desired</li></ol>			Required
22			27	City & State				Election Campaign Financing		\$5.0	00 May Be
City & State			28	Ony a Olaic				Trust Fund Contribution			ed to Fees
Z(p		Country	-	Zip	Co	ountry		8. This corporation has liability for		cunder s	199.032,
24	25	<u> </u>	29		30				s No		
··1	9. Name and Address of Curren			Registered Agent				10. Name and Address of New Registered Agent			
	-					81	Name				
HORN, E	BARARA K					82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
356 BLA	nding bly	D.				93					
ORANGE	PK FL 320	73				83					
						84	City		FL	<b>[85</b> ] Z	Zip Code
								ation submits this statement for the pord of directors. I hereby accept the app	mose of cha	ogina its	registered office
			and state in		A CTC. Flanish	ved Aner	t signature require	d when remitations	DATE		
	Signature, typed or	printed name of registered as		***************************************	NOTE HOUSE		( agreciate rada o	ADDITIONS/CHANGES TO OF			
SIGNATURE	Signature, typed or	OFFICERS A		***************************************	13			ADDITIONS/CHANGES TO OF		DIRECT Change	
12.	DP			CTORS	13	3.		ADDITIONS/CHANGES TO OF			
12. TITLE	DP Horn, E 358 Bla	OFFICERS ARBARA K. NDING BLVD.		CTORS	13 1. 1.2	3. 1 TITLE 2 NAME	ADDRESS	ADDITIONS/CHANGES TO OF			
12. TITLE NAME	DP HORN, E 356 BLA ORANGE	OFFICERS ARBARA K.		CTORS DELETE	13 1. 1.2 1.3 1.4	3. 1 TITLE 2 NAME 3 STREET 4 CITY-S	ADDRESS	ADDITIONS/CHANGES TO OF		] Change	Addition
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SIGNATURE: Barbara K. Horn Januar Signature and typed or printed name of Signary Officer or direct

Date

4/26/96 904/276-1479

Daytine Phone #