CORF ANNU	ROFIT PORATION AL REPORT 996	Sandra Secret	RTMENT OF STATE B. Mortham ary of State CORPORATIONS		
DOCUM 1. Corporation t		0 (7)		 	
Principal Place of 5910 CORTEZ SUITE 150 BRADENTON	ROAD	Mailing Address 5910 CORTEZ ROAD SUITE 150 BRADENTON FL 34210	0-2707	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place	e of Business OUAIL HOLLOW	A 2a, Mailing Address Ou	PAIL HOLLAND	11/01/1984 4. FEL Number 59-2485887	02/16/1995 Applied For Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.	B	5. Certificate of Status Desired	\$8.75 Additional Fee Required
13 RA b	ENTEN, FL	City & State	av, FL.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ZIP 34~	Country 25 9. Name and Address of Curren	29 34210	Country 30	8. This corporation has lability for	or intangible tax under s. 199.032, us. No.
6417 QU BRADEN	R, JOHN F. AIL HOLLOW PL TON FL 34210		83 84 City	ess (P.O. Box Number is Not Accepta	FL 85 Zip Code
or registered familiar with, SIGNATURE	dagent, or both, in the State of Floric, and accept the obligations of, Section	la. Such change was authorize on 607.0505, Florida Statutes	ed by the corporation's board .	d of d⊭ectors. Thereby accept the ap	
12. THILE NAME	grature typed or printed name of registered agrad. OFFICERS AND P FAUCHER, JOHN F.		# Pagistra I Agrid agration reserved 13. 1 1 THLF 1.2 NAME		FICERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS CITY - ST - ZIP	6417 QUAIL HOLLOW PL BRADENTON FL		1.3 STREET ADDRESS 1.4 City - SE-Zip		
TITLE NAME STREET ADDRESS	S FAUCHER, MARGARET T. 6417 QUAIL HOLLOW PL	[] DELETE	2 1 TIBLE 22 NAME 23 STRELL ADDRESS		Change Addition
CHY-ST-ZIP TITLE NAME STREET ADDRESS	Bradenton Fl	☐ DELETE	2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ACORESS		Change Addition
CHY-SI-ZIP TIFLE NAME STREET ADDRESS		☐ DELETE	3.4 CHY+ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STHELT ACORESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS		[] DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ACCRESS		Change Addition
CITY - ST - ZIF TITLE NAME STREET ADDRESS CITY - ST - ZIF		☐ DELETE	5.4 CHY ST-ZIP 6.1 THLE 6.2 NAME 6.3 STREET AUDRESS 6.4 CHY ST. ZIP		Change Addition
CITY-ST-ZIP 14. I do hereby certify that the	certify that the information supplied vote information and lated on this annual an an officer or of ector of the corporation 12 or Elocal 13 is changed, or officer.	al report or supplemental anni	64 CFY-S1-ZIP ished and does not qualify fo ual report is true and accurate	e and that my signature shall have the report as required by Chapter 607. I	le same legal effect as if made under