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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

<u> </u>	1996		E. Jin	DIVISION OF	00111 0111							
DOCUI	MENT #	# H308	53	(6)								
NAUTI	LUS OF SA	ANTA ROSA, II	NC.					,			ALALY B. A P	11 B1B11 B18 1841
Principal Place	of Business		М	ailing Address				1 1061014 0100 8	HALF WARRY INION DIA		Oldia didia bid	
52 ANDALU				52 ANDALUSIA RD								
CANTONME	NT FL 32533			CANTONMENT FL 325	33					-12		
								3. Date Incorporate 11/21/198		3a. D	ate of Last F 05/26/1 9	•
2. Principal Pl	ace of Business		2a.	Mailing Address				4. FEI Number	<u> </u>		03/20/1	Applied For
1 40	ANDAL	USIA R	D 26	40 AND	ALUS	IA	RD	59-24722	274			Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5. Certificate of Sta	atus Desired			5 Additional
City & State	a		27	City & State				6. Election Campaig	on Financino			Required May Be
3	J		28	Only of Oldio				Trust Fund Cont				od to Fees
Zip		Country		Zip	Cour	ntry		8. This corporation			tax under s	199.032,
4	25 0 Name of	d Address of Cur	29	torad Apont	30			Florida Statutes 10. Name and Add		No	d Agent	
	9. Hallie al	id Address of Car	rein negis	tereo Agent		81 Nam	<u></u> е	TO. Name and Acc	A DOS OF INCH P	rogisto.c	O Agont	
CHASE	, JAMES L.				-	82 Stree	I Addres	ss (P.O. Box Number i	s Not Acceptat	nle)		
	GOVERNMEN	NT ST.						35 (1.6. 26x) (6.1.66x)				
PENSA	COLA FL 325	501				83						
					ļ.						Inc. 1	ip Code
						84 City					85 2	· · · · · · ·
11 Pureuant t	to the provision	s of Sactions 607 Of	502 and 60	7 1508 Florida Stalut	ne the above	ve-named	corporat	tion submits this stater	ment for the nu	roose of	changing its	registered office
or register	red agent, or bo	oth, in the State of Fl	lorida. Such	n change was authoriz	es, the above	ve-named	corporat 's board	tion submits this stater of directors. I hereby	ment for the pu accept the app	rnose of	changing its	registered office
or register familiar wi	red agent, or bo	oth, in the State of Fl	lorida. Such	7.1508, Florida Statuti n change was authoriz 0505, Florida Statutes	es, the above	ve-named	corporat 's board	tion submits this stater of directors. I hereby	ment for the pu accept the app	rnose of	changing its	registered office
or register familiar wi SIGNATURF	red agent, or bo ith, and accept	oth, in the State of Fl the obligations of, Si printed name of registered as	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC	es, the aboved by the control	ve-named orporation	's board	of directors. I hereby	accept the app	rpose of contract	changing its as registere	registered office d agent, 1 am
or register familiar wi SIGNATURF	red agent, or bo ith, and accept Sgnature, typed or p	oth, in the State of Fl the obligations of, Si	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS	es, the aboved by the control of the	ve-named orporation Agent signatur	's board	of directors. I hereby	accept the app	rpose of contract	changing its as registere	registered office d agent, 1 am
or register familiar wi SIGNATURE 12.	red agent, or bo ith, and accept Signature, typed or p	oth, in the State of Fi the obligations of, Si crinted name of registered a OFFICERS /	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC	es, the aboved by the control	ve-named orporation Agent signatur	's board	of directors. I hereby	accept the app	rpose of contract	changing its as registere	registered office d agent, 1 am
or register familiar wi SIGNATURF	red agent, or bo ith, and accept Signature, typed or p	oth, in the State of Fi the obligations of, Si crinted name of registered a OFFICERS /	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS	es, the aboved by the control of the	ve-named orporation Agent signatur	's board	of directors. I hereby	accept the app	rpose of contract	changing its as registere	registered office d agent, 1 am
or register familiar wi SIGNATURE 12. TITLE	red agent, or both, and accept Sgnature, typed or p DP STUDSTI	oth, in the State of Fi the obligations of, Si crinted name of registered as OFFICERS / LL, JOHN L., III NUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS DELETE	es, the aboved by the control of the	ve-named orporation Agent signatur TLE	's board	of directors. I hereby	accept the app	rpose of contract	changing its as registere	registered office d agent, 1 am DRS IN 12 Addition
or register familiar will SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP STUDSTI LOSS ANDA CANTON D	oth, in the State of Fi the obligations of, Si crinted name of registered as OFFICERS / LL, JOHN L., III LUSIA RD MENT FL	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS	es, the aboved by the co. 13. 1 1 Ti 12 NA 1.3 STi 1.4 Cff 2.1 Ti	ve-named orporation Agent signatur TLE ME REET ADDRES: IY - ST - ZIP TLE	's board	of directors. I hereby	accept the app	rpose of contract	changing its as registere	registered office d agent, 1 am
or register familiar with SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME	DP STUDSTI CANTON D STUDSTI	oth, in the State of Fi the obligations of, Si critical name of registered as OFFICERS / LL, JOHN L., III LUSIA RD MENT FL LL, PATTI C.	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS DELETE	es, the aboved by the constitution of the cons	ve-named orporation Agent signatur ILE ME REET ADDRES! IV-SI-ZIP ILE ME	's board re required v	of directors. I hereby	accept the app	rpose of contract	changing its as requistere	registered office d agent, 1 am DRS IN 12 Addition
or register familiar with SIGNATURE 12. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS STREET ADDRESS	DP STUDSTI CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS DELETE	es, the aboved by the constitution of the cons	ve-named orporation Agent signatur ILE ME REET ADDRES: IV-S1-ZIP ILE ME REET ADDRES	's board re required v	of directors. I hereby	accept the app	rpose of contract	changing its as requistere	registered office d agent, 1 am DRS IN 12 Addition
or register familiar will SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP STUDSTI CANTON D STUDSTI	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS DELETE	es, the aboved by the constitution of the cons	Agent signatur ILE ME REET ADDRES ILF ME REET ADDRES ILF ME REET ADDRES ILF ILF ILF ILF ILF ILF ILF IL	's board re required v	of directors. I hereby	accept the app	rpose of contract	changing its as requistere	registered office d agent, 1 am DRS IN 12 Addition
or register familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP STUDSTI CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS DELETE	es, the aboved by the constitution of the cons	ve-named orporation Agent signatur ILE ME REET ADDRES IV- S1- ZIP ILE REET ADDRES IV- S1- ZIP ILE	's board re required v	of directors. I hereby	accept the app	rpose of contract	changing its as registere ND DIRECT Change	registered office d agent. 1 am ORS IN 12 Addition
or register familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP STUDSTI CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS DELETE	es, the aboved by the constitution of the cons	ve-named orporation Agent signatur ILE ME REET ADDRES IV- S1- ZIP ILE REET ADDRES IV- S1- ZIP ILE	's board e required v	of directors. I hereby	accept the app	rpose of contract	changing its as registere ND DIRECT Change	registered office d agent. 1 am ORS IN 12 Addition
or register familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DP STUDSTI CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS DELETE	es, the above of by the constitution of the co	ve-named orporation Agent signatur ILE ME REET ADDRES IV- S1- ZIP ILE ME REET ADDRES IV- S1- ZIP ILE ME IREET ADDRES IV- S1- ZIP	's board e required v	of directors. I hereby	accept the app	rpose of contract	changing its as registere ND DIRECT Change Change	registered office d agent. I am ORS IN 12 Addition Addition
or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP STUDSTI CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS DELETE	es, the above of by the control of t	Agent signatur TLE ME REET ADDRES: IY- S1- ZIP TLE ME REET ADDRES: IY- S1- ZIP TLE ME REET ADDRES: IY- S1- ZIP TLE ME IREET ADDRES: IY- S1- ZIP TLE TREET ADDRES: IY- S1- ZIP TLE	's board e required v	of directors. I hereby	accept the app	rpose of contract	changing its as registere ND DIRECT Change	registered office d agent. I am ORS IN 12 Addition Addition
or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP STUDSTI CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS DELETE	es, the above of by the control of t	Agent signatur TLE ME REET ADDRES: IY-S1-ZIP TLE ME REET ADDRES: IY-S1-ZIP TLE ME REET ADDRES: IY-S1-ZIP TLE ME ME ME ME ME ME ME ME ME	's board The required w	of directors. I hereby	accept the app	rpose of contract	changing its as registere ND DIRECT Change Change	registered office d agent. I am ORS IN 12 Addition Addition
Or register familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP STUDSTI CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS DELETE	es, the aboved by the control of the	Agent signatur TLE ME REET ADDRES: IY-ST-ZIP TLE ME REET ADDRES: IY-ST-ZIP TLE ME REET ADDRES: IY-ST-ZIP TLE ME REET ADDRES ME REET ADDRES ME REET ADDRES REET ADDRES REET ADDRES REET ADDRES	's board The required w	of directors. I hereby	accept the app	rpose of contreent	changing its as registere ND DIRECT Change Change	registered office d agent. I am ORS IN 12 Addition Addition
Or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STUDSTI CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC DTORS DELETE DELETE DELETE	es, the above of by the control of t	Agent signatur TLE ME REET ADDRES: IY-S1-ZIP TLE ME REET ADDRES: IY-S1-ZIP	's board The required w	of directors. I hereby	accept the app	rpose of contreent	changing its as registere ND DIRECT Change Change	registered office d agent. I am ORS IN 12 Addition Addition Addition
or register familiar wi SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	DP STUDSTI CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS DELETE	es, the aboved by the control of the	Agent signatur TLE ME REET ADDRES IY-ST-ZIP TLE TLE TLE TLE TLE TLE TLE TL	's board The required w	of directors. I hereby	accept the app	rpose of contreent	Change Change	registered office d agent. I am ORS IN 12 Addition Addition Addition
or register familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STUDSTI CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC DTORS DELETE DELETE DELETE	es, the above ed by the control of t	Agent signatur TLE ME REET ADDRES IY-ST-ZIP TLE TLE TLE TLE TLE TLE TLE TL	's board a required v S S S S	of directors. I hereby	accept the app	rpose of contreent	Change Change	registered office d agent. I am ORS IN 12 Addition Addition Addition
OF register familiar will SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	DP STUDSTI CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC DTORS DELETE DELETE DELETE	es, the above ed by the control of t	We-named orporation Agent signatur ILE ME REET ADDRES IY-S1-ZIP ILE ME IREET ADDRES IY-S1-ZIP ILE ME REET ADDRES	's board a required v S S S S	of directors. I hereby	accept the app	rpose of contreent	Change Change	registered office d agent. I am ORS IN 12 Addition Addition Addition
OF register familiar will SIGNATURE 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS	DP STUDSTI CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC DTORS DELETE DELETE DELETE	es, the above ed by the control of t	We-named orporation Agent signatur ILE ME REET ADDRES IY-S1-ZIP ILE ME IREET ADDRES IY-S1-ZIP ILE ME REET ADDRES IY-S1-ZIP	's board a required v S S S S	of directors. I hereby	accept the app	rpose of contreent	Change Change	registered office d agent. 1 am ORS IN 12 Addition Addition Addition
OF register familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STUDSTI CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS DELETE DELETE DELETE DELETE	es, the above ed by the control of t	Agent signatur TLE ME REET ADDRES IV-S1-ZIP TLE TLE TLE TLE TLE TLE TLE TL	's board a required v S S S S	of directors. I hereby	accept the app	rpose of contreent	Change Change Change	registered office d agent. 1 am ORS IN 12 Addition Addition Addition
OF register familiar with SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP STUDSTI CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA CANTON D STUDSTI LOSE ANDA	oth, in the State of Fi the obligations of, Si other name of registered a OFFICERS LL, JOHN L., III ALUSIA RD IMENT FL LL, PATTI C. ALUSIA RD	lorida, Such ection 607, gent and title if	n change was authoriz 0505, Florida Statutes applicable (NC CTORS DELETE DELETE DELETE DELETE	es, the above of by the control of t	Agent signatur TLE ME REET ADDRES IV-S1-ZIP TLE TLE TLE TLE TLE TLE TLE TL	's board a required w	of directors. I hereby	accept the app	rpose of contreent	Change Change Change	registered office d agent. 1 am ORS IN 12 Addition Addition Addition

redor hereby definiting in 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 early; 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 an address.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

16 march 1996 904-968-5177