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**PROFIT** CORPORATION ANNUAL REPORT



FLOREDA DE PARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** H37230

(0)

| Principal Place of Business<br>19630 HIAWAHTA RD.<br>ODESSA FL 33556-3926<br>US  |  |  | Mailing Address<br>19630 HIAWAHTA RD.<br>ODESSA FL 33556-3926<br>US  |                |   |  |   |                |                        |  |
|--|--|--|--|----------------|---|--|---|----------------|------------------------|--|
|  |  |  |  |                |   | Date Incorporated or Qualified   |   |                | st Report              |  |
|  |  |  |  |                |   |  | 12/31/1984  |                | 08/01/                 | 1995   |
| Principal Pla  | ce of Business   |  | 2a. Mailing A  | ddress         |   |  | 4. FEt Number   |                |                        | Applied For  |
| '  |  |  | 26   |                |   |  | 59-2485993  |                |                        | Not Applicat   |
| Suite, Apt. #  | , etc.   |  | Suite, Ap  | it. #, etc.    |   |  | 5. Certificate of Status Desire   | ed 🔲           |                        | . <b>75</b> Additional ee Required   |
| 0. 10.   |  |  | 27   City & St   | oto            |   |  | 6. Election Campaign Financii   | ing            |                        | 5.00 May Be  |
| City & State   |  |  | 28   | atto           |   |  | Trust Fund Contribution   |                |                        | dded to Fees   |
| Ziρ  |  | Country  | Zip  |                | Country   |  | B. This corporation has liabilit  |                |                        | ers 199.032,   |
|  | 25   | ,  | 29   |                | 30  |  | Florida Statutes  | ] Yes □ No     |                        |  |
|  | 9. Name and  | d Address of Curren  | nt Registered Age  | ent            | 81  |  | 10. Name and Address of N   | lew Flegistere | o Ageni                |  |
|  |  |  |  |                | 61  |  | ess (P.O. Box Number is Not Acc   |                |                        |  |
| 19630 H  | ski, elizabe<br>Iawatha RD<br>. FL FL 33556            | ,  |  |                | 83<br>84  | City   |   |                | . 85                   | Zip Code   |
|  |  |  |  |                | 1 1   |  |   | F              | ·L                     |  |
| familiar wit   | n, and accept t  | ne obligations of, Sections that is a section of the obligations of the obligation of the obligation of the obligation of the obligations of the o | raststanta; čnable   | niga Otatores  | H. B. getered Agen  |  | ration submits this statement for the difference of directors. Thereby accept the divisor initiating.  ADDITIONS/CHANGES 10 | DATE           |                        |  |
| tamiliar wit   | Styrar re, typed or pr                                 | OFFICERS AN  | rasalsta ita; či alde.<br>AD DIRECTORS   | niga Otatores  | 13.   |  |   | DATE           |                        | CTORS IN 12  |
| tamiliar wit<br>GNATURE<br>2.<br>ILE   | Styran re, typed or pr  TSD  RAFALOSH                  | OFFICERS AN  | rasalsta ita; či alde.<br>AD DIRECTORS   | (N.            | 113. 1 1 1 1 1 1 1 1 2 NAME   | t signative negative   | ativalaa reinstati gi   | DATE           | NO DIRE                | CTORS IN 12  |
| tamiliar wit  GNATURE  | Styrat re, typed or pr<br>TSD<br>RAFALOSI<br>19630 HIA | OFFICERS AN  (I, ELIZABETH J.  WATHA RD.   | rasalsta ita; či alde.<br>AD DIRECTORS   | (N.            | 11. Ft spottered Agent<br>13.<br>1 1 THE<br>1 2 NAME<br>1 3 STREET  | Esignative require   | ativalaa reinstati gi   | DATE           | NO DIRE                | CTORS IN 12  |
| TAMINAT WIT  GNATURE  2.  ILE  IME  REET ADDRESS  TY - ST - ZiP  | TSD RAFALOSI 19630 HIA ODESSA F                        | OFFICERS AN  (I, ELIZABETH J.  WATHA RD.   | Laculate (Lade): No DIRECTORS  | (N.            | 113. 1 1 1 1 1 1 1 1 2 NAME   | Esignative require   | ativalaa reinstati gi   | DATE           | NO DIRE                | _CTORS IN 12<br>ange ☐ Addibi  |
| TAMINAL WIT  CONATURE  LE  LE  ME  REET ADDRESS  TY-ST-ZIP  ILE  | TSD RAFALOSI 19630 HIA ODESSA F                        | OFFICERS AN  (I, ELIZABETH J.  WATHA RD.   | Laculate (Lade): No DIRECTORS  | DELFIE         | 13.<br>1 1 1 1 1 LE<br>1 2 NAME<br>1 3 STREEL<br>1 4 CITY - S   | Esignative require   | ativalaa reinstati gi   | DATE           | F<br>ANO DIRE<br>☐ Cna | _CTORS IN 12<br>ange ☐ Addibi  |
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| TAMINAT WIT  CONTROL  | TSD RAFALOSI 19630 HIA ODESSA F PVD RAFALOSI           | OFFICERS AN  OFFICERS AN  (I, ELIZABETH J.  WATHA RD.  EL  (I, DENNIS  WATHA RD.   | Lazal Sta II di Si La dile.  ID DIRECTORS  | DELFIE         | 13. 11 TILE 1 2 NAME 1 3 STREET 1 4 CITY - S 2 1 TILE 22 NAME 23 STREET 24 CITY - S   | ADDRESS ADDRESS ADDRESS  | ativalaa reinstati gi   | DATE           | F<br>ANO DIRE<br>☐ Cna | CTORS IN 12<br>ange Additi   |
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SIGNATURE:

SURVICE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-96 813420-3644