SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

H45598

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SIGNATURE:

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Principal Plac	e of Business	Maling Addi	ress						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PAK MAJL #1 BRADENTON		SARASOTA	60128 14TH STREET, WEST SARASOTA FL 34243-9868							
US		US	US			3. Date Incorporated or Qualified 3a. Date of Last Report 03/05/1985 04/07/1995				
	Place of Business	2a. Mailing A	ddress			4. FEI Number		Ap	oplied For	
21	# cto	26				65-0028820			ot Applicab	le l
Suite, Apl	# etc	Suite, Ap	t #, etc.			5. Certificate of Status Desired			Additional equired	
City & State	е	City & St	ale			6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees	
Zip Country		Zıp			ry	8. This corporation has liability for		ax under s	199 032.	
24	25	29	<u></u>			Florida Statutes		No		
	9. Name and Address of C	Current Registered Age	nt		1 Name	10. Name and Address of New Re	gistered A	gent		{
	SCITELLO, NORMA			Ľ	T tvame					]
6012 B 14TH ST. WEST				8	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)			
BAYSHORE GARDENS SHOPPING CE		PING CENTER		8	3	······				$\dashv$
DN	ADENTON FL 34207			L				TT		
				6	4 City		FL	<b>85</b> Zip	Code	
office or r agent I a	to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	State of Florida, Such cl	nange was a	athorized b	y the corporati	oration submits this statement for the pr on's board of directors. I hereby accept	rpose of cr the appoin	nanging its truent as re	registered egistered	
SIGNATURE	Styriature hyportice printed camer of registr	ered a peut and this if applicable.	(NO)	E. Hegelfered A	gent signature requ	red when reinstating)	DAH			
12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR	S IN 12	$\Box$
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NAME	PISCITELLO, NORMA			1.2 NAMI	:					
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NAME		<u> </u>	•	6 2 NAM			L.	J.		
STREET ADDRESS				•	ET ADDRESS					
CITY-ST-ZIP				6 4 CHY						
14. I do here	by certify that the information si	upplied with this filing is	voluntarily fu	rnished and	does not qua	lify for the exemption stated in Section : and accurate and that my signature sha	19 07(3)(k)	Florida Si	latutes	,
made un		director of the corporation	on or the rec	eiver or trus	tee empowere	d to execute this report as required by (				