## 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 # 1. Corporation Name H49041

(7)

FAMILY GUESTS, INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 JUL 22 PM 12: 44



•	of Business	_	Mailing Address 2179 DODGE ST. CLEARWATER FL 34820				3. Date Incorporated or Qualified  3a. Date of Last Report		
2179 DODGE CLEARWATER									
9 Principal Pl	ace of Business	T an Mail	ling Address				03/26/1985 4. F£! Number	05/01/	
21 Principal Pr	ace of business	26 Viail	ing Adaress				59-3090731		Applied For Not Applicable
Suite, Apt	#, etc		e, Apt # etc					<u></u>	3.75 Additional
22		27	·		·		5. Certificate of Status Desired		Fee Required
City & State	)	<u>}</u> —¬	& State				6. Election Campaign Financing		<b>5.00</b> May Be
<b>23</b> Zip	Country	28 Zip			untry		Trust Fund Contribution		Added to Fees
24	25	29		30	oriti y		8. This corporation has liability for in Florida Statutes	itang-ble tak u Yes   No	
	9. Name and Address of Cu		Agent	1001	[		10. Name and Address of New Reg	<del></del>	
SAI SAI	CEDO, CRISOSTOMO U.				81	Name			
1860 MOURNING DOVE DRIVE PALM HARBOR FL 34683					82 Street Address (P.O. Box Number is Not Acceptable)				
							The contract of the contract o		
					83				
					84	City	——————————————————————————————————————	85	Zip Code
44 D	7.	0500 - 1007 15	00 51 1 0		1		ration submits this statement for the pu-	FL	]
office or reagent. Far SIGNATURE	egistered agent, or both, in the St m familiar with, and accept the of	tate of Florida, Su pligations of, Sect	ich change was tion 607.0505, F	authorized lorida Stati	i by t utes	the corporation	n's board of directors. I hereby accept t	he appointme	nt as reg stered
12.	Signature it; educipo de transcolora socio OFFICERS	d agent ar differ of applic AND DIRECTOR		Oli Hegestere ■ 13.		it signature respons		DAIE	C1000 H140
T TLE	P	AND DIRECTOR	DELETE	111			ADDITIONS/CHANGES TO OFFICE		
NAME	SALCEDO, CRISOSTOMO	O.		12 N			1 (1)	COLST)	1.7 11 1
STREET ADDRESS	1860 MOURNING DOVE D			- 1		ADDRESS	-07/23/3		
CITY-ST ZIP	PALM HARBOR FL				(Ty - \$1		<b>東東東洋社会</b>	<b>。[]</b> 执] - 寒寒	**225.00
THLE	٧		DELETE	2 1 TI				7	nange Addition
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	SALCEDO, ACINAIDO B.			22 N	AME			` لـــا	, <u>-</u>
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I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Scotion 119 07(3)(k), Florida Statutes 1 further certify that 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 oath, that annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Blood 3 if changed, or of an attachment with an address

GNATURE:

CRISOSTOMO SALCEDO 7-16-96 938-1488

SIGNATURE AND TYPED OR PRATECHAME OF SIGNING OFFICER OR DIRECTOR

(2/3)

CRISOSTOMO CALCEDO 7-16-96

Calcedoma Calcedo

SIGNATURE: