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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT	#	H49909
Composition Name		

(5)

Prime	acial	Place	O.	Business

KOFRAN, INC.

Mailing Address

16121 FLIGHT PATH DR. BROOKSVILLE FL 34609 16121 FLIGHT PATH DR. BROOKSVILLE FL 34609



					3. Date Incorporated or Qualified 04/01/1985	3a. Date of 02/	10/199	
	ace of Business	2a. Mailing Addres	s	,	4. FEI Number		<u> </u>	pplied For
<u> </u>		26			59-2517102		<u></u> N	lot Applicable
Suite. Apt. 4	⊭, etc	Suite, Apt. #, e	tc.		5. Certificate of Status Desired			Additional lequired
Ölly & Stale 3		Orty & State			6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Ζφ.	Country	7p	Coul	ntry	8. This corporation has liability for it		under s	199.032,
4	[25]	[29]	[30]	··-		□No		
	9. Name and Address of Curr	rent Hegistered Agent		B1 Name	10. Name and Address of New R	agistated Mg	OIIL	
				Name				
	D, DOUGLAS		Ì	B2 Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
	SQUIRREL PRAIRIE			83				
MASAH	YKTOWN FL 34609			65				
				84 City		FI	85 Zip	Code
44.0%	10-10-10-10-10-10-10-10-10-10-10-10-10-1	F00 and C07 1500 Florida	Ctatutae the she		ration submits this statement for the pur		nino ito re	noictored offic
SIGNATURE	th, and accept the obligations of, S Synatro, type to polici name of registered a			Agent signature require	*	DATE		
2.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI			
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	MACADVETOWALEL			TY-ST-ZIP				
my St-Zift	MASARYKTOWN FL						<u> </u>	
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care your members indicated on this annual report of supplemental arrival reports free and accorded and that my signature shall have the same legal effect as it made under oath, 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 methods are on an attachment with an address.

352-799-5963