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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

. Corporation	MENT # H637 C. MISEK, P.A.	706 (6)		I ARBADH DHA BHAD MAKA MADIN DDI	I BAN DERK BARA DIGN BANI DERK DIRK NON
rincipal Place	3 \$T.	Mailing Address  1350 EWING ST.			
P.O. BOX 67 P.O. BOX 67					
LAUREL FL	34272	LAUREL FL 34272		3. Date Incorporated or Qualified	3a. Date of Last Report
				07/15/1985	02/27/1995
- ·	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Color And A		26		59-2579036	Not Applicable
- Suite, Apt. # ]	s, etc.	Suite, Apt. #, etc.		5. Gertificate of Status Desired	\$8.75 Additional
Gity & State	· · · · · · · · · · · · · · · · · · ·	City & State		6 Florida Constitution Florida	Fee Required
		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
7 <sub>10</sub>	Country	Zip	Country	This corporation has liability for in	Added to Fees
]	25	29	30	Florida Statutes	
ı	g. Name and Address of Curr			10. Name and Address of New Re	. <del></del>
			81 Name		
333 S 1	RY, JERREL E. TAMIAMI TRAIL		82 Street Add	Iress (P.O. Box Number is Not Acceptable	Θ)
VENICE	E FL 34285		53		
		84 City		85 Zip Code	
				oration submits this statement for the purp	<u> </u>
familiar witt	h, and accept the obligations of, Sc	ection 607.0505, Florida Statuti	ized by the corporation's boa es.	ard of directors. I hereby accept the appo	intment as régistered agent. I am
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4. I do nevery certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I 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 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.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

1-16.96

941-484.9821

CR2E034 (12/95)