CORPOF ANNUAL	PROFIT CORPORATION ANNUAL REPORT 1996		10000	FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS							
OCUME Corporation Name	-141 "	H7460	5	(7)				· · · · · · · · · · · · · · · · · · ·	ıdı Aus Ssâsl	aran alan bidi Bi	846 <b>819</b> 64 <b>68 8</b> 1
FINANCI	AL MANAGE	10) IIIO:									
Principal Place of Business Mailing Address											
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FT MYERS FL	33515						3. Date Incorp 08/28	orated or Qualified /1985	3a. Da	te of Last Repo 04/14/199	<b>b</b>
2. Principal Place	of Business		2a.	Mailing Address			4. FEI Numbe	2586543			ked For Applicable
			26	Suite. Apt. #, etc				of Status Desired		\$8.75 A	
Suite, Apt. #, el	IC.		27					mpaign Financing		\$5.00	<u></u> -
City & State			28	City & State		.,,	Trust Fund	Contribution ration has liability for		Added to	
Zip	Coxi	intry	-	Zip	30 Co	untry	Florida Sta	tutes 🔲 Ye	s ∐No		
	9. Name and Ad	dress of Current	29 t Regis	stered Agent	1301		10. Name and	Address of New	Registere	d Agent	
ET MAVEL	PRESIDENTIAL (	000117				83		-			_
11. Pursuant to	RS FL 33919 the provisions of S	Sections 607,0502	and 6	07.1508, Florida Statut ch change was authoriz v noso E winda Statules	es, the at	<b>84</b> Oity	poration submits this poard of directors. If	s statement for the pereby accept the ap	<del></del>	<b>L</b>	Code gistered offic gent. I am
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14. I do hereby 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 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 certify 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 it changed, or on an attachment with an address

SIGNATURE:

SIGNATURE SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

NAME

STREET ADDRESS

0464763 FP

CR2E034 (12/95)