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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

7	1996				DIVISION OF CORPORATIONS									
DOCUN 1. Corporation	Name		H76795)	(4)		•							
U. GEO	C. GEOFFREY VINING, P.A.										1 18818 (1 Alex 18418 Still 18418 18	11 3 111 3 16	in Debai didii devii i	11011 1 1022 1001
Principal Place	of Business			Mail	ing Address					1			II BIBII BIBII BIBIA I	
230 S. FLORIDA AVE.				230 S. FLORIDA AVE.										
SUITE 501 LAKELAND FL 33801					SUITE 501 LAKELAND FL 33801									
										3.	Date Incorporated or Qualified	3a.	Date of Last Re	eport
2. Principal Place of Business					O. Molion Address						09/19/1985 FEI Number		04/12/199	
2. Filliopal Place of busiliess				2a. Mairing Address					4.	59-2617372			Applied For Not Applicable	
Suite, Apt. #	, etc.				Suite, Apt. #, etc.					_	Certificate of Status Desired			Additional
22				27		**********				3.	Certificate of Status Desired	LJ		Required
City & State				28	Dity & State					1	Election Campaign Financing Total Fund Contribution			May Be
Zip		Co	ountry			Cc	untry	/	~	+	Trust Fund Contribution This corporation has liability fo			to Fees
24	. :	25		29	•	30	,					10 n		100.002,
	9. Name	and A	ddress of Current	Registe	red Agent		I.	1		10.	Name and Address of New	Registe	ered Agent	
MARKO (~ ^F^FF	e.					81	^	lame					
Vining, C. Geoffrey 230 S. Florida Ave.					82 Street				treet Addres	ss (P.	O. Box Number is Not Accepta	ble)		
SUITE 501								 						
	D FL 3380	1					83	<u> </u>						
							84	C	City				FL 85 Zip	Code
11. Pursuant to	the provision	ns of	Sections 607.0502 a	nd 607	1508, Florida Statute	es, the al	ove-i	nan	ned corporat	ion s	ubmits this statement for the p	Irpose (of changing its r	egistered office
familiar with	h, and accep	oom, ii it the c	n the State of Florida Abligations of, Section	. Such d 1 607.05	change was authoriz 505, Florida Statutes	ea by the i.	corp	ora	tion's board	of dir	rectors. I hereby accept the ap	pointme	nt as registered	agent. I am
SIGNATURE														
12.	Signature, typed o	r printed	name of registered agent ar OFFICERS AND			TE: Register 13		nt sig	nature reoured w	******	instating) ADDITIONS/CHANGES TO OF		AND DIDECTO	DC IAI 20
TITLE	PSTD		0111021107110		DELETE		TITLE				ADDITIONS/CHANGES TO OF	riouns	Change	Addition
NAME	VINING,					1.2	NAME							
STREET ADDRESS	230 S. FLORIDA AVE. STE. 5)1			1.3 STREET ADDRESS							
CITY-ST-ZIP	LAKELAN	ND FL	. 33801	-	·	1.4	CITY - S	51-2	P					
TITLE					☐ DELF1E	ŀ	TITLE						Change	Addition
NAME							NAME							
STREET ADDRESS CITY-ST-ZIP						1	STREET City-s							
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NAME						1	NAME							
STREET ADDRESS						3.3.	STHEE	1 ADI	DRESS					
CITY-ST-ZIP	··					34	CITY - S	S1 - Z	þ					
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CITY-ST-ZIP TITLE			THE TAKE IN A MAKE		DELETE		CHTY - S Thle	51-7	-				Change	Addition
NAME					_		NAME							
STREET ADDRESS							SIREET	ADE	RESS					
CITY-ST-ZIP					TO THE PERSON OF	5.4	CITY-S	ST - Z	Р					
TITLE					DELETE		TITLE						☐ Change	Addition
NAME							NAME							
STREET ADDRESS							STREET		1					
City-St-ZiP 14. I do hereby	certify that t	the info	ormation supplied wit	in this fil	ing is voluntarily furn		city-s doa			the e	exemption stated in Section 11	0.07(3)(4), Florida Statut	es. I further

Too refer of certify that the information supplied with this filling is voluntarily formised and does not quality 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: __

SIGNATURE AND TYPED OR PRINTED NAME OF HIGH OF FICER OR DIRECTION

4.79.96 911-6878320