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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

H80611 **DOCUMENT #**

(7)

Principal Plans	LEASURES & TREASURES			··· <u>·</u>				
Principal Place of Business * DAVID E. MCDONALD 255 WEST VENICE AVENUE VENICE FL 34285		Mailing Address * David E. McDonald 255 West Venice Avenue Venice Fl. 34265						
		VI.WOE 72 34203			3. Date Incorporated or Qualified 10/14/1985		e of Last Re)7/24/199	
	ace of Business	2a. Mailing Address			4. FEI Number		A	Applied For
Suite, Apt. A	#. etc.	26 Suite Apt. #, etc			59-2590070			ot Applicable
22		27			5. Certificate of Status Desired			Additional Required
City & State		Gity & State			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution			to Fees
Ζιρ 24	Country 25	240	Country	i	8. This corporation has liability for		ax under s	199.032,
[4]	9. Name and Address of Curre	nt Registered Agent	30			s No	A 1	
	- Control of Control	Bioroto nyolit	81	Name	10. Name and Address of New I	negistered	Agent	
MCDON	ALD, DAVID E.		ļ		/D O D - 11			
	ST VENICE AVENUE		82	Street Add	ress (P.O. Box Number is Not Acceptal	bie)		
VENICE	FL 33595		63					
			84	City			105 2	Coda
				′		FL	1	Code
	o the provisions of Sections 607,050; ed agent, or both, in the State of Flori h, and accept the obligations of, Sec			named corpoi oration's boa	ration submits this statement for the purified of directors. Thereby accept the app	rpose of che ointment as	anging its re registered a	egistered offic agent. I am
SIGNATURE _	general control of the control of th							
	Signatur (poet or protector is of our troutage) OFFICERS AN		ott Riginari Aye	· 55)(-41), on 1500 (4		(IA1E	DIDECTOR	20.00
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certify that the information indicated on this armust report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the oppleadon or the receiver or tubes employered to execute this report as required by Chupter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if propaged or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 941-488-3510