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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

H88670

(5)

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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Trust Fund Contribution Added to Fees Added to Fees Country Added to Fees This corporation has liability for intangible tax under s 199,032,	1112-11											
P.O. BOX 10000 CRISTAL RIVER PL 34422 US 2. Principal Places of Business 2. Mailing Advised: 2. Principal Places of Business 2. Substances 2. S	Principal Place	of Business	Ma	iling Address				-			11 WAWAN WANAN AWAN	
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22 27 27 28 29 29 20 29 20 29 20 20	Suite, Apt. :	#, etc.		Suite, Apt. #, etc.								
Section Sect	City & State		F1	City & State								
9. Name and Address of New Registered Agent CARMAN, JAMES W. 6142 W CORPORATE CAKS DR CRYSTAL RIVER FL 34429 15. Name 64	Zip	Country		Z ip		intry	*	· · · · · · · · · · · · · · · · · · ·		x under s	199.032,	
CARMAN, JAMES W. 6142 W CORPORATE CAKS DR CRYSTAL RIVER FL 34429 11. Pursuant to the provisions of Sections 607/6702 and	24				[30]							
CARMAN, JAMES W. 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL 34429 11. Pursuant to the provisions of Sections 507,0502 and 607,1508. Florids Statutes, the above named corporation submits this statument for the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or an accept the corporation's board of directors. I hereby accept the appointment as registered agent, or an accept the corporation's board of directors. I hereby accept the appointment as registered agent, or an accept the appointment as registered agent. I am familiar with, and accept the chipage or as a submit and accept the chipage or as a submit and accept the chipage of the appointment as registered agent. I am familiar with, and accept the chipage or as a submit and accept the chipage of the appointment as registered agent. I am familiar with, and accept the chipage of directors. I hereby accept the appointment as registered agent. I am familiar with a composition and accept the appointment as registered agent. I am familiar with a composition and accept the appointment as registered agent. I am familiar with the purpose of charging its registered agent. I am familiar with a composition and accept and accept and accept the appointment as registered agent. I am familiar with a composition and accept and		9. Name and Address of Currer	nt Regist	ereo Agent		81	Name	10. Name and Address of New H	egistered i	Agent		-
B142 W CORPORATE OAKS DR CRYSTAL RIVER FL 34429 11. Pursuant to the proxisors of Sections (07.0402 and (07.1508, Florids Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Troids, Such change was authorized by the corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Troids, Such change was authorized by the corporation's board of directors. I herety accept the appointment as registered agent, it am familiar with, and accept the obligations of, School Statutes. SIGNATURE Description Description	0.1041	AN 14460 W										
CRYSTAL RIVER FL 34429 64 City FL 85 Zip Code						82	Street Addre	ress (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 207 0200 and 107 1509. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607 0505, Florida Statutes by the corporation's board of directors. Thereby accept the appointment as registered eigent. I am statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE OFFICERS AND BIRECTORS 13.						83						7
P. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office of familiar with, and accept the obligations of, section 667.0505, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered office of familiar with registeric agent, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office of familiar with registeric agent. I am familiar with regis	Onto	THE THIEF TE OTTES				64	City			ot 7ir	Codo	
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12.	or register	ed agent, or both, in the State of Flori	ida. Such	change was authorize	s, the abo d by the	corpo	named corpora oration's board	ation submits this statement for the purid of directors. I hereby accept the appr	rpose of cha ointment as	anging its ri registered	egistered offic agent. I am	е
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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 an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/29/96 352-795-2505