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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

H97805 **DOCUMENT #**

(6)

Principal Place of Business	Mailing Address								
16970 NE 243RD ST RD. 16970 NE 243RD ST RD. P.O. BOX 60 P.O. BOX 60 FT. MCCOY FL 32134-7060 FT. MCCOY FL 32134-7060			3. Date Incorporated		1	e of Last R	•		
					02/05/1986] (05/01/19	
2. Principal Place of Business	2a. Mailing Address	5			4, FEI Number	٠,			Applied For
21	Suite, Apt. #, etc				59-263896)2			Not Applicable Additional
Suite, Apt. #, etc.	27 Suite, Apt. #, etc	C.			5. Certificate of Statu	is Desired			Required
City & State	City & State				6. Election Campaign	Financing		\$5.0	O May Be
23	28				Trust Fund Contrib	_			d to Fees
Zip Country	Zip	Co	untry		8. This corporation h			ax under s	199.032,
24 25	29	30	,		Florida Statutes		□No		
9. Name and Address	of Current Registered Agent		81	N1	10. Name and Addre	ss of New F	legistered	Agent	
			1 1	Name					
LAUNDEANE, JACQUELINE			82	Street Addre	iss (P.O. Box Number is Not Acceptable)				
16970 NE 243RD ST RD.			83						
FT. MCCOY FL 32134-7060									
			84	City			FL	85 Z	p Code
11 Purcuant to the provisions of Sections.	: 607 0502 and 607 1508. Florida Si			med comora	ition eubmite this statemi	ont for the nu	roose of ch	ianging its i	registered office
 Pursuant to the provisions of Sections or registered agent, or both, in the Sta familiar with, and accept the obligation SIGNATURE 	ns of Section 607.0505, Florida Stat	atutes.				ccept the app		s registered	agent. i am
familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of re-	ns of, Section 607.0505, Florida States	(NOTE: Registers	d Agent s	ration's board	when reinstating)		DATE		
familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of reg 12. OFFI	ns of Section 607.0505, Florida Stat	(NOTE: Registers	d Agent s				DATE ICERS ANI		
SIGNATURE Signature, typed or printed name of research 12. OFFI TILLE PD	ns of, Section 607,0505, Florida State getered agent and title if applicable ICERS AND DIRECTORS	(NOTE: Registers	d Agent s		when reinstating)		DATE ICERS ANI	D DIRECTO	DRS IN 12
SIGNATURE Signature, typed or printed name of rep 12. OFFI TILE PD	ns of, Section 607,0505, Florida State getered agent and title if applicable ICERS AND DIRECTORS DELETE	(NOTE: Registers 13. 1.1	d Agent s	agnature required	when reinstating)		DATE ICERS ANI	D DIRECTO	DRS IN 12
SIGNATURE Signature, typed or printed name of report to the property of the printed name of report to the property of the pro	ns of, Section 607,0505, Florida State getered agent and title if applicable ICERS AND DIRECTORS DELETE	(NOTE: Registers 13. 1.1 1.2 1.3	Id Agent s	DDRESS	when reinstating)		DATE ICERS ANI	D DIRECTO	DRS IN 12
SIGNATURE Signature, typed or printed name of reg 12. OFFI TILLE PD NAME LAUNDEANE, EDDIE STREET ADDRESS 16970 NE 243RD ST CITY-ST-ZIP FT. MCCOY FL TILLE SD	gelered agent and title if applicable ICERS AND DIRECTORS DELETE L. T RD.	(NOTE: Registers 13. 1.1 1.2 1.3 1.44	d Agent s TITLE NAME STREET AC	DDRESS	when reinstating)		DATE FICERS ANI	D DIRECTO	DRS IN 12
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SIGNATURE: (

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.

Jacqueline Laundeane

GNATURE:

Secretary 4/29/96 352-546-1119