ANNU	ROFIT PORATION AL REPORT	Sandra I Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS		
DOCUM 1. Corporation I DEERO		6 (1)			
Principal Place of C/O ELMER I 905 67TH AVI BRADENTON	R. STAHNKE ENUE TERR. W.	Mailing Address C/O ELMER R. STAHN 905 67TH AVENUE TEL BRADENTON FL 34207	RR. W.	3. Date incorporated or Qualified 08/15/1986	3a. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	02/06/1995 Applied For
1 Cuita Ant #		26		59-2705123	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	***************************************	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Ζιρ	Country	28	Country	This corporation has liability for it	Added to rees
4	9. Name and Address of Current	29 Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R	
		Trogration Agent	81 Name	10. Nume and Address of New A	egistered Agent
	E, ELMER R. H AVENUE TERR. W.		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
	TON FL 33507		83	***************************************	
			84 City	71 - 71 - 75 - 1 MI 10 - 2 hann his data .	■■ 85 Zip Code
44 Durament to	the provisions of Sections 607.0502	and 607 1508. Florida Atatute	s the above named come	and any authorized Alice at the second to the contract	pose of changing its registered office
or registered familiar with SIGNATURE	d agent, or both with State of Flyrida and accomplific upligations of Section	a/Such/Phampe was a Thorize 607/5097 Torida Tatutes.	edity the corporation's boatest the Registered April signature region	and of directors. Thereby accept the appo	bintment as registered agent. I am
or registered familiar with SIGNATURE.	d agent, or both with State of Florida, and accompline upigations of, section of the process agent of the process	a/Such/Phampe was a Thorize 607/5097 Torida Tatutes.	ed by the corporation's bos	ard of directors. Thereby accept the appo	bintment as registered agent. I am
or registere familiar viting SIGNATURE. 12. TITLE NAME STREET ADDRESS	d agent, or both with State of Flyrida, and accompline intigations of, Section of State of Flyrida, and accomplished and transcolors and the Section of Flyrida and Section of Section 1997.	a Such Pharpe was a Unorize 1607/509/Florida Matutes. discharces (NO) DIRECTORS	TE Projection Agent signature required 13. 1.1 T.TLE 1.2 NAME 1.3 STREET ADDRESS	and of directors. Thereby accept the appo	bintment as registered agent. I am
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