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

PROFIT CORPORATION ANNUAL REPORT



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

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2654-161-4392

1996
DOCUMENT #
1. Corporation Name

J33619

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Dringing! Place	of Divisions						
Principal Place of Business Maining Address							
746 HERBERT STREET 746 HERBERT STREE PORT ORANGE FL 32119 PORT ORANGE FL 3							
					3. Date Incorporated or Qualified 10/01/1986		ast Report 28/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		FO 0700400		Not Applicable	
Suite, Apt. #, etc.		Suite Apt. #, etc.	Suite Apt. #, etc.		5. Certificate of Status Desired	\$!	8.75 Additional
22		27					Fee Required
City & State		City & State			6. Election Campaign Financing		55.00 May Be
/3 ∫ Zip	Country	Ζιρ	Countr		Trust Fund Contribution		Added to Fees
4	25	29	30	у	8. This corporation has liability fo Florida Statutes	r intangible tax und s No	ders 199.032,
·	9. Name and Address of Curre				10. Name and Address of New		nt
			81	Name			
CLARK	, Brenda L.				(D)		
	RBERT STREET		82	Street Add	dress (P.O. Box Number is Not Accepta	:ble)	
	DRANGE FL 32019		83	1			
			84	City		FL 85	Zip Code
tamılar with Signature	a agent, or both, in the state of Fight, and accept the obligations of, Sec	tion 607.0505, Florida Statute:	s.		and of directors. I hereby accept the ap		stered agent. am
12.		ID DIRECTORS	OTE Biogistered Age 13.	ad signature require	ADDITIONS/CHANGES TO OF	DATE	COTODO IN 10
TIT. E	DP	DELETE	1 1 TITLE		ADDITIONS OF ANGES TO OF	T C1	
4AME	CLARK, PHIL		1.2 NAME				ange. [] Modifier
STREET ADDRESS	746 HERBERT STREET			F ADDRESS			
DITY-ST-ZIP	PORT ORANGE FL		1.4 CHY -				
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NAME	Clark, Brenda L.		2.2 NAME				_
STREET ADDRESS	746 HERBERT STREET		2 3 STREE	LADORESS			
DITY-S1-ZIP	PORT ORANGE FL	·-··	2 4 C(TY -	ST - ZIP			
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AME			3.2 NAME				
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STREET ADDRESS			4.2 NAME	. 42000000			
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IAME		<u></u>	5.2 NAME			□ 011	
STREET ADDRESS				1 ADDRESS			
CITY - ST - ZIP			5.4 CITY -	1			
TILE		☐ DELETE	6 1 TITLE			☐ Cna	ange 🔲 Addition
NAME			6.2 NAME				•
STREET ADDRESS			6 3 STREE	I ADDRESS			
CITY - ST - ZIP			€ 4 CITY -	ST-ZIP			
oath; that I	ne miormation indicated on this abni	ual report or supplemental ann bration or the receiver or truste	nual report is tr se empowered	ua and accurs	for the exemption stated in Section 113 ate and that my signature shall have th is report as required by Chapter 607, F	s aama kaaal affaal	t no lé assada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR