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PROFIT CORPORATION ANNUAL REPORT



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

1996

IMENIT 4 14470.

COM	MENT # J417 MAND ENTERPRISE COR	<b>\-</b> /		 	1111 1113 1114 1114 1144 1144 1144 1144
Principal Place	e of Business	Mailing Address			
1880 S. US	S HIGHWAY 19	1880 S. US HIGHW. P.O. BOX 520 MONTICELLO FL 32			
			· · · · · · · · · · · · · · · · · · ·	3. Date Incorporated or Qualified 11/12/1986	3a. Date of Last Report 03/22/1995
2. PrincipalPi 1	lace of Business	<b>2a.</b> Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2752858	Not Applicable
City & Staf		27]		Certificate of Status Desired	\$8.75 Additional Fee Required
3		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>ι</b> ]	Country 25	Zip <b>29</b>	Country 30	This corporation has liability for int Florida Statutes	tangible tax under s. 199,032,
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
DIAMO % COA	ND, J. MMAND ENTERPRISE CORP.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	)
	S. US HWY. 19		83		
	CELLO FL 32344				
			84 City		FL 85 Zip Code
	in, and accept the obligations of, Se	ection 607.0505, Florida Statute		oration submits this statement for the purpo and of directors. I hereby accept the appoin	ntment as registered agent. I am
SIGNATURE .	Shired is: typed or printed name of registered ag	pertion 607,0505, Fiorida Statute pert and tille if applicable (A AND DIRECTORS	OTE Registered Agent signature require	ard of directors, I hereby accept the appoin	TIMTE  ERS AND DIRECTORS IN 12
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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 60. Florida Statutes; and that my name appears in Block 12 or Block 13 1 taking d, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

424/96 5/1-292-072