

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **J67627 (6)**

1. Corporation Name  
**1991, INC.**

95 MAR 22 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
P.O. BOX 701326 P.O. BOX 701326  
ST. CLOUD FL 34770 ST. CLOUD FL 34770

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/14/1987** 3a. Date of Last Report **04/20/1994**

2. Principal Place of Business 2a. Mailing Address  
21 26

4. FEI Number **59-2800982** Applied For  
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

City & State City & State  
23 28

6. Election Campaign Financing  
Trust Fund Contribution  \$5.00 May Be  
Added to Fees

Zip Country Zip Country  
24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

GRIFFITHS, JANET R.  
5575 ALLIGATOR LAKE ROAD  
ST. CLOUD FL 34770

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRIFFITHS, JANET R.
STREET ADDRESS	5575 ALLIGATOR LAKE RD.
CITY-ST-ZIP	ST. CLOUD FL
TITLE	S
NAME	GRIFFITHS, MORRIS
STREET ADDRESS	5575 ALLIGATOR LAKE RD.
CITY-ST-ZIP	ST. CLOUD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	500001438823
1.3 STREET ADDRESS	-03/24/95--01054--0015
1.4 CITY-ST-ZIP	****200.00 ****200.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 837, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE: *Janet R. Griffiths*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
JANET R. GRIFFITHS

3/15/95  
Date