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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

	1996	DIVISION O	F CORPORATIONS	S				
1. Corporation	MENT # J676 ! A DEVELOPMENT, INC.	50 (8)						
Principal Place	of Business	Mailing Address						
108 ROBIN		108 ROBIN RD.						
ALIAMUNI	E SPRINGS FL 32701	ALTAMONTE SPRIN	3S FL 32701					
					3. Date incorporated or Qualified 04/16/1987	3a. Date o	Last Rep /01/199	
2. Principal Pl. 1	ace of Business	2a. Mailing Address			4. FEI Number	-	· + · -	oplied For
Suite, Apt.	#, etc.	26			59-2804645			ot Applicable
2		27			5. Certificate of Status Desired			Additional aguired
City & State		City & State	* ·	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		\$5.00	<u> </u>
Zip	Country	28 7 _(C)	T Co		Trust Fund Contribution		Added	to Fees
<u> </u>	25	Zip 29	Country 30		8. This corporation has liability for Florida Statutes Yes		unders 1	99.032,
	9. Name and Address of Currer			·	10. Name and Address of New F	No Registered Ag	ent	
			81 N	ame		iogiotores rig		
	R, WILLIAM R.		82 St	treet Addre	ss (P.O. Box Number is Not Acceptat	nle)		
	RIETY TREE CIRCLE							
ALIAM	ONTE SPRINGS FL 32714		83					
			84 Ci	ty			85 Zip (Code
1. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508. Florida Statut	es, the above name	ed cornora	tion subunite this etatement for the	FL		
familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	oa. Such change was authoriz tion 607.0505. Florida Statutes	ed by the corporati	ion's board	Lot directors. Thereby accept the gory	nintruent as roc	sistered a	gent. Lam
			•		e or and or a morony account the appr	on to the total total	jiotorou ag	ge
						awaren, da reg	jistorou a	3
	Signature, typed or printed name of registered agent	and the diapplicable (NC	l Er Registeren Agent sign		when reinstating)	DA*E		
2.		and the diapplicable (NC				DATE ICERS AND DI	RECTORS	S IN 12
BIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN D MILLER, WILLIAM R.	and tide if applicable (NC DIDIRECTORS	TE: Registered Agent sign.		when reinstating)	DATE ICERS AND DI	RECTORS	
2. ITLE AME TREET ADDRESS	OFFICERS AND MILLER, WILLIAM R. 108 ROBIN RD.	and tide if applicable (NC DIDIRECTORS	13.	ature requires s	when reinstating)	DATE ICERS AND DI	RECTORS	S IN 12
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eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE AND TYPED OR PRINTED NAME OF LIGHING OFFICER OR DIRECTOR SIGNATURE: X

3-20-96 (407) 331-5900