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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sccretary of State DIVISION OF CORPORATIONS

1996 J76535 DOCUMENT #
1. Corporation Name

(0)

Principal Place of		Mailing Address	N		
4476 ASCOT CIR N SARASOTA FL 34235		4476 ASCOT CIR N SARASOTA FL 34235		Date Incorporated or Qualified 3a. Date of Last Report	
				06/05/1987	05/01/1995
2. Principa' Place of Business Suite, Apt. #, etc. City & State		2a. Mailing Address 26 Suite, Apt. #, etc. 27 Gity & State 28		4. FET Number 59-2815444	Applied For Not Applica
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3 Ζφ	Country	Zip	Country 30	8. This corporation has liability for i	intangible tax under s. 199.032, □ No
4	9. Name and Address of Curre	29 ent Registered Agent	30	10. Name and Address of New R	
REDI IEE			81 Name 82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
BERUFF, CARLOS M. 4476 ASCOT CIR N				JIESS II. O. DON TON TO STATE OF CONTROL	
SARASO*	TA FL 34235		83		
			84 City		FL B5 Zip Code
tamiliar with		ection 607, <u>000</u> 0, niong a o gatui	162	ration submits this statement for the pur ref of directors. Thereby accept the app	
SIGNATURE	agner Charles produce name of respect tool ag	ection 607.0505, Florida Statut AND DIRECTORS	es dana Registrecti Aanst surat as reas s 13.	9	
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Foo increty certify that the information supplied with this litting is voluntarily turnished and does not quality for the exemption stated in Section 11907(s)(k), Florida Statutes. 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 outly that I am an officer or director of the corporation or the pregiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13. Changed, or on an attach any with an address.

SIGNATURE: _

Ires. SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)