AMOUNT DUF (NOTICE: CORPORATION WILL B ON OR BEFORE 8/7/96: \$225 (IF DIS	E DISSOLVED SOLVED, MINIM	ON OR AFTER ALUM AMOUNT DUE	UGUST 7, 1996. To reinstate: \$375.)			
	PROFIT	27.	LORIDA DEPARTI				
	PORATION	1006	Sandra B. I	Mortham			
	AL REPORT		Secretary				
1	1996	<u> </u>	DIVISION OF CO	RPORATIONS			
DOCUN 1. Corporation	MENT # J8357	1	(6)				
HOBO (OF CITRUS, INC.					AI BIAIN BIAN I	ILAN AKAN BIAN BIAN IBAN
Principal Place	e of Business	Mailing A	Address				
·	TO LAKE BLYD.	3850 E.	GULF TO LAKE BL	LVD.			
P.O. BOX 189 INVERNESS FL 34451		P.O. BO	X 189 ESS FL 34451		Date Incorporated or Qualified		
US	L SHOI	US	L00 / L 04401		07/17/1987	1	07/1995
2 Principal Pla	ace of Business	2a. Made	ng Address		4. FEI Number	i	Applied For
21. / III.O.pa. I N	add of Eddings	26			59-2822142		Not Applicable
Suite, Apt	#, etc	Suite 27	Apt #, etc		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	е	City -	& State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zφ	Country	Zip		Country	8. This corporation has liability for	intangible Yes	tak under si 199 032 No
24	9. Name and Address of Curre	29		30	Florida Statutes 10. Name and Address of New R		<u></u>
~ INV √)€	10 SOUTH EATON TERRACE /ERNESS FL 34452	Inver	ness, Fl	83	iress (P.O. Box Number is Not Accepta		
Ne	ew address	1000 15	3445	84 City	and an exhaust his distances for the	FL	85 Zip Code changing its registered
11. Pursuant	ew address	502 and 607.150	3445 08, Florida Statutes chichange was au	84 City s, the above named corporal		FL	changing its registered
11. Pursuant	to the provisions of Sections 607.05	502 and 607.15 te of Florida. Su gations of, Sect	344/5 58, Florida Statutes chichange was au ion 607,0505, Flori	84 City s, the above named corporal	poration submits this statement for the join's board of directors. Thereby accepting when recogning	FL ourpose of of the appo	changing its registered intment as registered
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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 turther 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 ositi, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPE OF SIGNING OFFICE FOR DIRECTOR

Elia:

Duyter Design.