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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

J90941 **DOCUMENT #**

(2)

ST ARNOLD & STEARNS CHARTERED

31. AN	INOLD & STEARNS, CHAP	11EREU				
Principal Place	of Business	Malting Address			e sabrisa ania imiri Ağılığ iftir biğüt iffi Dif	rı arırı diğir diğir öröri örbil föğl
% Jack R. St. Arnold 1370 Pinehurst RD Dunedin Fl 34698		% JACK R. ST. ARNOLD 1370 PINEHURST RD DUNEDIN FL 34698				
					3. Date Incorporated or Qualified 3a. 09/01/1987	Date of Last Report 02/14/1995
2. Principa! Pia 21	.ce of Business	28. Mailing Address 26		4. FEI Number 59-2850821	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζ _I p	Country 25	Zip 29	Country		This corporation has liability for intangit Florida Statutes	ele tax under s. 199.032,
[[]	9. Name and Address of Curre		30		10. Name and Address of New Register	
	VI		81	Name	10. Hanne silv regions of from flograte.	ion Agoir
ST. ARN	IOLD, JACK R.		-			
1370 PIN	NEHURST RD N FL 34698		82		dress (P.O. Box Number is Not Acceptable)	
DUNLON	17L 04000		84			85 Zip Code
				,	oration submits this statement for the purpose o	F L ' '
SGNAJURE	And accept the obligations of, Sec Structure, typed or printed rame of registered age OFFICERS AT	initiand title if applicable (NX ND DIRECTORS	OTE Registered Ager		ed when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	ST. ARNOLD, JACK R.	DELETE	1. 1 TITLE			☐ Change ☐ Addition
NAME ADDRESS	1254 WEYBRIDGE		1.2 NAME			
STREET ADDRESS	DUNEDIN FL			T ADDRESS		
City-St ZiP Title	DP	☐ DELETE	2 1 TITLE			☐ Change ☐ Addition
NAME	STEARNS, JAMES R.	C)	2 2 NAME			C cuange C Addition
STREET ADDRESS	2653 CRYSTAL CIRCLE			T ADDRESS		
OTY-ST ZIP	DUNEDIN FL		2.4 CITY - 5	ST - ZIP		
TIFLE		□ DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ACORESS				1 ADDRESS		
CITY ST ZIP	· · · · · · · · · · · · · · · · · · ·	DELETE	3.4 CITY - 5 4 1 TITLE			Change Addition
NAME	L	[]	4 2 NAME			П отянде П модиом
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIF			4.4 CITY - S			
THE		☐ DELETE	5 1 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET	1 ADORESS		
CiTY+S1-ZiP			5.4 CITY - 9	ST-ZIP		
TIT. F		□ DELETE	6 1 TITLE			Change Addition
NAME CIDELL ADDRESS			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CHY-ST-ZIP	v certify that the information supplied	with this filing is voluntarily for	64 CITY-S		for the exemption stated in Section 119.07(3)(k)	Clarida Ctat dan 14 uthan
certify that oath; that I	The information indicated on this and	nual report or supplemental and noration or the receiver or truste	nual report is tri ee empowered	ue and accur:	ate and that my signature shall have the same list report as required by Chapter 607, Florida St	ocal offect so if made under

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

17 JAN 96 813/1362900 Dayton Phone +