PROFIT FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT



Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE: TOWKLA

DOCUMENT #
1. Corporation Name J97241 (0)

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|   | ASALI | LE | IN)        | /E510 | лепі  | FUNU. | INU. |

|  | LE HAVESTWIEIAT TOIAU, HA   |  |                                       |               |  |   |
|--|---|--|---------------------------------------|---------------|--|---|
| Principal Place  | of Business   | Mailing Address  |                                       |               |  | ları gibir gibir Bibir bibli bibir ibbi                       |
| % NANCY PARHAM<br>1104 WILD CITRUS LANE<br>SARASOTA FL 34240 |   | % NANCY PARHAM<br>1104 WILD CITRUS LANE<br>SARASOTA FL 34240           |                                       |               |  |   |
|  |   | , , , , , , , , , , , , , , , , , , ,                                  |                                       |               | 3. Date Incorporated or Qualified 3a. 10/14/1987   | Date of Lest Report<br>01/24/1995                             |
| _2. Principal Pla<br>21                                      | ce of Business  | 2a. Mailing Address 26   |                                       |               | 4. FEI Number<br>06-5007839  | Applied For Not Applicable                                    |
| Saite, Apt. #  | , etc.  | Suite, Apl. #, etc. 27 City & State 28                                 |                                       |               | 5. Certificate of Status Desired Service Servi |   |
| Orty & State   |   |  |                                       |               | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  |   |
| 2η><br><b>24</b>   | Country 25  | 71p<br><b>29</b>   | Country<br>30                         | /             | 8. This corporation has liability for intanging Florida Statutes Yes T   |   |
|  | 9. Name and Address of Currer   | nt Registered Agent  |                                       |               | 10. Name and Address of New Registe  | ered Agent  |
|  |   |  | 81                                    | Name          |  |   |
|  | I, NANCY<br>ILD CITRUS LANE   |  | 82                                    | Street Addr   | ress (P.O. Box Number is Not Acceptable)   |   |
| SARASC   | )TA FL 34240  |  | 83                                    |               |  |   |
|  |   |  | 84                                    | '             | ration submits this statement for the purpose  | FL 85 Zip Code  |
| familiar witt<br>SIGNATURE - 12.                             | In and accept the obligations of Sections of Sections of Sections of the section | tion 607.0505, Florida Statute   | OS.<br>LOUSE/<br>NOTE Physistered Ag- |               | rd of directors. I hereby accept the appointment of directors of the direc | 194<br>A1E  |
| TOLE   | D   | DELETE   | 1. 1 TITLE                            | T             | The trace of the t | Change Addition   |
| NAME   | PARHAM-KEYSER, NANCY  |  | 1.2 NAME                              |               |  |   |
| STREET ADDRESS   | 1104 WILD CITRUS LANE   |  | 13 STREE                              | T ADDRESS     |  |   |
| C 1Y+S1-7.P  | SARASOTA FL   |  | 14 City-                              | ST-ZIP        |  |   |
| TITLE  |   | DELETE   | 2 1 TITLE                             |               |  | Change Addition   |
| NAME   |   |  | 22 NAME                               |               |  |   |
| STREET ADDRESS   |   |  | 2 3 STREE                             | T ADDRESS     |  |   |
| CHY ST ZIP   |   | <b>53</b> Bolovi   | 24 CITY-                              |               |  |   |
| THE  |   | ☐ DEFELE   | 3 1 7171.6                            |               |  | Change Addition   |
| NAME<br>STUDIES ASSOCIATE                                    |   |  | 3 2 NAME                              |               |  |   |
| STREET ADDRESS   |   |  |                                       | ET ADORESS    |  |   |
| COTY ST ZIP<br>TITLE   | · · · · · · · · · · · · · · · · · · ·   | DELETE   | 3 4 CITY -<br>4 1 TITLE               |               |  | Change Addition   |
| NAME   |   |  | 4 2 NAME                              |               |  |   |
| STREET ADDRESS   |   |  |                                       | I ADDRESS     |  |   |
| CITY ST ZIF  |   |  | 4.4 CITY -                            | i             |  |   |
| THE  |   | ☐ DELE1E   | 5 1 TITLE                             |               |  | Change Addition   |
| NAM:   |   |  | 5.2 NAME                              |               |  |   |
| STREET ADDRESS   |   |  | 53 STREE                              | I ADDRESS     |  |   |
| C In - \$1 - ZiP   |   |  | 5 4 City-                             |               |  | ·   |
| 1-111  |   | DELETE   | 6 1 THTLE                             |               |  | Change Addition   |
| NAM:   |   |  | 6 2 NAME                              |               |  |   |
| SIMEET ADDRESS   |   |  |                                       | T ADDRESS     |  |   |
| City St ZP   | codify that the information a maked   | with this films is uslanted to   | 64 CITY-                              |               | for the everyalize stated in Continue 440 07/04  | 1) Florido Chat des 14 de                                     |
| certify trial  | y certify that the information supplied the information indicated on this annual factors.   | with this tiling is voluntarily full<br>tual report or supplemental ar | inished and doo<br>inual report is tr | ue and accura | for the exemption stated in Section 119.07(3), ate and that my signature shall have the same   | k), Florida Statutes. I further logal effect as if made under |

KLUJULI UDUKY KEYSER DR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

813-365-6154