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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996		ie. a.	DIVISION OF CORPORATIONS								
DOCUMENT # J98368 1. Corporation Name CIRANA CORNER INC			88	(O)							
CIBANA CORNER, INC.											
Principal Place	of Business		Ma	aling Address				A ESPONIA UNIO SALAR INFOM VILLA B	1981 1907 WIWII I	DEBLI BIREL BIRE	GION BION MOI
% JANE GEI	WNARD			% JANE GENNARD							
	FICE CENTER. 2	269 LEE RD.		ZOM-LEE OFFICE CE		9 LEE	RD.				
WINTER PAR	RK FL 32789			WINTER PARK FL 32	789			3. Date Incorporated or Qualified	1	te of Last Re	•
								10/21/1987 4. FEI Number		03/08/19	95 Applied For
2. Principal Pla	ce of Business		2a. 26	Mailing Address				59-2862450		⊢	Not Applicable
Suite, Apt. #	r, etc.		20	Suite, Apt. #, etc.							Additional
			27					5. Certificate of Status Desired		Fee F	Required
City & State				City & State				6. Election Campaign Financing			May Be
7.0	T	Country	28	Z ₁ ;	I	untry		Trust Fund Contribution 8. This corporation has liability for			to Fees
Zip I	25	Country	29	2 14 1	30	cii itry			s No	lax tilidel 3	193.002,
<u> </u>		Address of Curre	4.004	tered Agent	11	[10. Name and Address of New	Registered	1 Agent	
						81	Name				
GENNA	RD, JANE					82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
	LEE OFFICE C	enter				83					
2269 LE						03					
10/64/1997	PARK FL 327	100				84				85 Zip	Code
14 Diversion to	a the provisions of	of Cantonia BALLOS	02 and 60 vida Sach	7.1508, Florida Statu	ites, the ab	1000	aniad come	oration submits this statement for the parent of directors. Thereby accept the ac-	urpose of d	hanging its r	egistered office
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recovering that the information supplied whe this limit is voluntarity furnished and does not quary for the exemption stated in Section 119.07(3)(8). Florida Statutes. I 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 oath, that I am an officer or director of the corporated for the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an approximant with an address

SIGNATURE AND THE PRIME OF SIGNATURE OF PRICER OR DIRECTOR

SIGNATURE:

29/1/9 8

31-20... 5517555 Okylmic Phone i