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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

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CHARNA	i Name	# K24840	(6)		1 MAIDIN DIE HON BIEG: (ČIH DIEN BON BON	NGN SIBN BIBN BIBN BIBN 1851
Principal Place of Business 1450 CR 663 BUSHNELL FL 33513 JS			Mailing Address PO BOX 184 NOBLETON FL 34661-0184 US			
					3. Date Incorporated or Qualified 05/20/1988	3a. Date of Last Report 04/04/1996
Principal Pla			2a. Mailing Address	1	4. FEI Number	Applied For
<i>ک ک</i> ا Suite, Apt.	15hop	LANE	26 5 1315hop Suite, Apt. #, etc.	LANE	59-2936739	Not Applicate \$8.75 Additional
Paln	n Co	AST	27 Palm Coas	it	Certificate of Status Desired	Fee Required
City & State	RIDA		City & State 28 FIDEIDA		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
32137	L'	Country 25 USPA	29 32137	Country 30 USA	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032.] Yes 🏻 No
		and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Reg	gistered Agent
	LE, TONI DR 663					
	HNELL FL :	33513		82 Street Add	ress (P.O. Box Number is Not Acceptable	le)
				83		
				84 City	TT	85 Zip Code
1. Pursuant t	a the provisi	Just Sections 607 0502	and 607 1508. Florida Statu	tes the shove-named corr	noration submits this statement for the n	FL 83 Zip Code
office or re	egistered age	en, or both in the State of	of Florida, Such change was lione of Section 607,0505, F	authorized by the corporat	poration submits this statement for the potion's board of directors. I hereby accep	t the appointment as registered
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	/ Y. A.	1.) \/al/~	P	57	;	3.21-97
IGNATURE 3	/ // OY		t and little if sophsable (NO	ST TE: Registered Agent signature requir	ired when reinstating)	3-21-97 DATE
GNATURE 3	/ J/V PST	or princed and is of registered agent OFFICERS AND	and little if applicable (NO DIRECTORS	ST TE: Registered Agent signature require 13.		3-21-9/ DATE ERS AND DIRECTORS IN 12
IGNATURE 3	PST DOLLE, TO	OFFICERS AND	t and little if sophsable (NO	STE: Registered Agent signature required 13.	ired when reinstating)	3-21-9/ DATE ERS AND DIRECTORS IN 12
EGNATURE 3	PST DOLLE, TO 7450 CR	OFFICERS AND	and little if applicable (NO DIRECTORS	ST TE: Registered Agent signature require 13.	ired when reinstating)	3-21-9/ DATE ERS AND DIRECTORS IN 12
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SIGNATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-97

901-445-6337

FILED

Apr 01 1997 8:00am

Secretary of State

Daytime Phone #