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

1. Corporation	MENT # K270 SIFIED MARKETING ASS	` '			E IRANANI RIB HANKARAN BENIN SA	\$1 \$44 8 8 8 1
Principal Place of Business Mailing Address					{	
P.O. BOX 686 BASYE FL 22810 US		P.O. BOX 696 BASYE FL 22810 US				
US		US			3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address	-		06/20/1988 4. FEI Number	03/01/1995 Applied For
11		26		59-2905740	Not Applicable	
Suite, Apt. #	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 Ch. 8 Ch. Io		City & State			& Floation Compaign Financing	Fee Hequired
Orty & State		28			6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zφ	Country	Zφ	Z _I p Country		This corporation has liability for intangible tax under s. 199.032,	
24	25 9. Name and Address of Cur	rent Registered Agent	30		Florida Statutes Yes 10. Name and Address of New F	
	a, Harrie und Hadress of Qui	Tent Hegisteres Agent	81	Name	TV. Hallo and Placeton of Holl V	logistolos regolit
LEE, HUGH D 1915 DELCREST PLACE			82	Street Addr	ess (P.O. Box Number is Not Acceptal	ble)
LAKELA	ND FL 33803		83			
			84 City		·	FL 85 Zip Code
12.	r	AND DIRECTORS	OTE Registered Ages	it signature require		DATE FICERS AND DIRECTORS IN 12
TITLE	P		1 1 TITLE			——————————————————————————————————————
NAME	CULITY DAVID E	☐ DELETE				Change Addition
STREET ADDRESS	SCHUH, DAVID E.		1.2 NAME	ADDRESS		☐ Change ☐ Addition
STREET ADDRESS	SCHUH, DAVID E. P.O. BOX 331 NA BAYSE VA	Dittel				☐ Change ☐ Addition
STHEET ADDRESS CHY ST Ziel TUTLE	P.O. BOX 331 NA BAYSE VA ST	DELETE	1.2 NAME 1.3 STREET			Change Addition
CHY ST ZIP TIFLE NAME	P.O. BOX 331 NA BAYSE VA ST SCHUH, DIANE		1.2 NAME 1.3 STREET 1.4 CHY-S 2.1 THEE 2.2 NAME	T-ZIP		
CHY ST ZIP THEE NAME STREET ACORESS	P.O. BOX 331 NA BAYSE VA ST SCHUH, DIANE P O BOX 331 N/A		12 NAME 1.3 STREET 14 CITY - S 2 1 TILE 22 NAME 23 STREET	ADDRESS		
CHY ST ZIP TIFLE NAME	P.O. BOX 331 NA BAYSE VA ST SCHUH, DIANE		1.2 NAME 1.3 STREET 1.4 CHY-S 2.1 THEE 2.2 NAME	ADDRESS		
CHY ST 765 THE NAME STREET ACORESS CHY+ST-715	P.O. BOX 331 NA BAYSE VA ST SCHUH, DIANE P O BOX 331 N/A	□ DELETE	1 2 NAME 1.3 STREET 1.4 CITY - S 2.1 TILLE 2.2 NAME 2.3 STREET 2.4 CITY - S	ADDRESS		Change Addition
CHY ST 769 THEF NAME STREET ACORESS CHY+ST-719 THEF	P.O. BOX 331 NA BAYSE VA ST SCHUH, DIANE P O BOX 331 N/A	□ DELETE	12 NAME 1.3 STREET 1.4 CITY - S 2.1 TILE 2.2 NAME 2.5 STREET 2.4 CITY - S 3.1 TILE 3.2 NAME	ADDRESS		Change Addition
CHY ST 78* TIFLE NAME. STREET ACORESS CHY-ST-719 TIFLE NAME. STREET ACORESS CHY-ST-749	P.O. BOX 331 NA BAYSE VA ST SCHUH, DIANE P O BOX 331 N/A	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY - S 2.1 TILE 2.2 NAME 2.3 STREET 2.4 CITY - S 3.1 TILE 3.2 NAME 3.3 STREET 3.4 CITY - S 3.4 CITY - S	ADDRESS IT-ZIP I ADDRESS		Change Addition
CHY ST ZIP TITLE NAME STREET ACORESS CHY-ST-ZIP TITLE THEFT ACORESS CHY-ST-ZIP TITLE	P.O. BOX 331 NA BAYSE VA ST SCHUH, DIANE P O BOX 331 N/A	□ DELETE	12 NAME 1.3 STREET 1.4 CITY-S 2.1 TILE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TILE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TILE	ADDRESS IT-ZIP I ADDRESS		Change Addition
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CHY ST 789 TICLE NAME STREET ACORESS CHY-ST-712 TICLE NAME STREET ACORESS CHY-ST-782 TICLE NAME STREET ACORESS CHY-ST-782 TICLE NAME STREET ACORESS CHY-ST-782 TICLE NAME STREET ACORESS	P.O. BOX 331 NA BAYSE VA ST SCHUH, DIANE P O BOX 331 N/A	☐ DELETE	12 NAME 1.3 STREET 1.4 CHY-S 2.1 TILE 2.2 NAME 2.3 STREET 2.4 CHY-S 3.1 TILE 3.2 NAME 3.3 STREET 3.4 CHY-S 4.1 TILE 4.2 NAME 4.3 STREET 4.4 CHY-S 5.1 TILE 5.2 NAME 5.3 STREET	ADDRESS IT-ZIP F ADDRESS IT-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS		Change Addition Change Addition Change Addition
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4. 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, Furnier 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 corporation or the receiver or trustee 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, output an attachment with an address.

SIGNATURE:

WHU & Allum DAVI de DIRECTOR

2/27/96 541-

540-856-3154

CH2E034 (12/95)