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



COF ANNL	PROFIT  RPORATION  JAL REPORT  1996  FLORIDA DEPARTME  Sandra B. Mo  Secretary of S  DIVISION OF CORP			. Mortham y of State	1					
1. Corporation		K36073	(0)							
1000	HE' INC.									
Principal Place of Business Mailing Address						· · · · · · · · · · · · · · · · · · ·		FB 1111 84811 818H 818		
% PAUL BOUCHER P.O. BOX 1503 PALM CITY FL 34990-8503			% PAUL BOUCHER P.O. BOX 1503 PALM CITY FL 34990-8503		Date incorporated or Qualified     10/03/1988	3a. Date of L				
2. Principal Pl	ace of Business	] 2	a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number	1 00/0	·	Applied For
21		20	<del></del>				65-0082236			Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & State		27	City & State				6. Election Campaign Financing	·····		Required  May Be
23		28	¬ '				Trust Fund Contribution			d to Fees
Zip <b>24</b>	25	ountry 29		Coun:	try		8. This corporation has liability for Florida Statutes 🔀 Yes	□Ň≎		199.032,
	9. Name and A	ddress of Current Reg	listered Agent		31	Name	10. Name and Address of New R	egistered Ager	<u></u>	
BOUCH	IER, PAUL			_	$\perp$					
	W. WOODCREE	K DRIVE		E	32	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
PALM (	CITY FL 34990			E	33					
				ε	14	City		85	T 70	ρ Code
44.0		2 1: 027.0500	007.4500 5: : 1.0:		$\perp$			FL		,
or register	ed agent, or both, ir	i the State of Florida. Su	507.1508, Florida Statutes ich change was authorized 77.0505, Florida Statutes.	, the above I by the co	e-na orpor	med corporation's bo	oration submits this statement for the pur ard of directors. I hereby accept the app	pose of changing pintment as regis	j its i terec	registered office Lagent, Lam
S'GNATURE .					******					
12.	Signature, typed or printed	name of registered agent and title OFFICERS AND DIR	e Lapplicable (NOTE ECTORS	Registered A	gert s	signature requir	red when reinstatingi ADDITIONS/CHANGES TO OFF	DATE CERS AND DIRE	-C17	10 IN 20
TITLE	DP	OTT TOE TIE THE DITT	DELETE	1. 1 TITL	_E		Noorional of Financial	Ch		Addition
NAME	CARR, FRAN	K		1.2 NAM	1E			_	•	
STREET ADDRESS		STLETOE LANE		1.3 STR	EET A	DDRESS				
CITY-S!-ZIP	PALM CITY F	L		1.4 City	-51-	ZIP				
TITLE	DST		□ DELETE	2. 1 TITU	.ŧ			☐ Ch	ang⊷	☐ Addition
NAME	BOUCHER, F			2 2 NAM	-					
STREET ADDRESS	PALM CITY F	ODCREEK DR		2.3 STRE		1				
CHY-ST-ZIP TITLE	D	<u> </u>	DELETE	2.4 CITY 3. 1 TITL		ZIP		☐ Ch	anne	Addition
NAMS	BOUCHER, K	ATHY		3.2 NAM				[] VII	ing.	L Abdition
STREET ADDRESS		ODCREEK DR				DORESS				
CITY-ST-ZIP	PALM CITY F			3.4 CITY		- 1				
TITLE	D		☐ DELETE	4. 1 TITL	.E			☐ Ch	ange:	Addition
NAME	CARR, THER			4.2 NAM	1E					
STREET ADDRESS		STLETOE LANE		4.3 STR8	EFT A	DDRESS				
CITY-ST-ZIP	PALM CITY F	Լ	Forest	4.4 CITY		ZIP				
TITLE			DELETE	5 1 TITL				☐ Ch.	ng:	Addition
NAME CEOSEL ADODESO				5.2 NAM						
STREET ADDRESS				5 3 STRE						
CITY-ST-ZIP TITLE			DELETE	5.4 CITY 6. 1 TITL		Lit"		Cha		Addition
	1					I .		F	Φ,	

CHTY-ST-ZIP 6.4 CITY-ST-ZIP 

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

4-9-96 407-334-8247