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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # K41899

(1)

Principal Place of Business Mailing Address # RONALD D. STRICKLER # RONALD D. STRICK 3115 ALAMO DR. 3115 ALAMO DR. ORLANDO FL 32805 ORLANDO FL 32805					
A District April				10/28/1988	3a. Date of Last Report 05/01/1995
 Principal Pla 	Ce of Business	2a. Mailing Address 26		4. FEI Number 59-2917799	Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			Not Applicate \$8.75 Additional
City & State		27		5. Certificate of Status Desired	Fee Required
3		City & State		6. Election Campaign Financing	\$5.00 May Be
Zφ	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for its	Added to Fees
<u> </u>	25	29	30	Florida Statutes X Yes	No □ No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New R	Registered Agent
STRICKLER, RONALD D. 3115 ALAMO DR.					
			82 Street Ado	dress (P.O. Box Number is Not Acceptab	ole)
ORLAND	OO FL 32805		83		
			84 City		
1 Durawant to	the ere falses of C-1' 007 050		- '		FL 85 Zip Code
i. Fuisuani to	The brovisions of Sections 607,050)2 and 607.1508, Florida Stat	ites, the above named come		
or registere	agent, or both, in the State of Flor	rida. Such change was author	ized by the corporation's boa	pration submits this statement for the purport of directors. I bereby accept the appropriate	pose of changing its registered off
familiar with	d agent, or both, in the State of Flor , and accept the obligations of, Sec	rida. Such change was autho ction 607.0505, Florida Statut	ized by the corporation's boa es.	oration submits this statement for the purpler of directors. I hereby accept the appo	rpose of changing its registered off pintment as registered agent. I am
familiar with GNATURE	, and accept the obligations of, Sec	ction 607.0505, Florida Statut	es.	ard or directors. Thereby accept the appo	ointment as registered agent. I am
familiar with IGNATURE	, and accept the obligations of, Sec gratture, typed or privated name of registered agor OFFICERS AN	ction 607.0505, Florida Statut	vote: Registered Agent signature require	ed when reliestating)	Dintment as registered agent. I am
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SIGNATURE:

NATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTO

1-26-96 (407) 290-0007