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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K42813 **DOCUMENT #**

(1)

GARY F. RADLIFF, P.A.

	e of Business	Mailing Address						
11501 ELLISON WILSON RD. NORTH PALM BEACH FL 33408		11501 ELLISON WILSON RD. NORTH PALM BEACH FL 33408						
					3. Date incorporated or Qualified 11/02/1988	3a. Date 02	of Last /13/19	Report 995
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 65-0076469	- +		Applied For
Suite, Apt.	# oto	Suite, Apt. #, etc.					\$8.7	Not Applicable 5 Additional
22	π, οιο.	27			5. Certificate of Status Desired	[.]		Required
City & Stat	le	Crty & State			6. Election Campaign Financing		,	00 May Be
23 Vin	Country	28 Ζη	Countr		Trust Fund Contribution 8. This corporation has liability for			led to Fees s 199.032.
Zip 24	25	29	30	,		s No		
	9. Name and Address of Curre				10. Name and Address of New I	Registered A	gent	
			8	1 Namo				
	TT, JAMES T.		8	2 Street Add	ress (P.O. Box Number is Not Acceptal	ble)		
SUITE :	S. HIGHWAY #ONE		8:	3			***	
	M BEACH FL 33408							
1	an bekon te do ido		8-	4 City		FL	85	Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stat	utes, the above	named corpo	ration submits this statement for the pu	rpose of char	nging its	registered office
or registe	ered agent, or both, in the State of Flo vith, and accept the obligations of. Se	orida. Such change was autrio	rizea by the cor	poration's boa	and of directors. Thereby accept the app	oomment as i	registere	ou agent. Fam
SIGNATURE								
	Signature, typical or printed name of registered ag-		(NOTE: Registered Ag	ent signature require		DATE	DIDECT	LOSE IN 12
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		Change	
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and trial 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, or on an attachment with an address.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR F. Racliff 4/5/96(407)622-5000