CORPO ANNUAL	OFIT DRATION REPORT		Sandra B	TMENT OF STATE Mortham y of State CORPORATIONS			
OCUME Corporation Na	ENT #	K51640	(6)				
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rincipal Place of E	Business		Mailing Address		 	I MÜNI BININ DIRIN I	BIBIT ETROI GLAST OSAM INAL
5100 DOUBLE ROAD LANE OVIEDO FL 32765			5100 DOUBLE ROAD LAME OVIEDO FL 32765		Date Incorporated or Qualified 12/15/1988		f Last Report /01/1995
, Principal Place	of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For Not Applicable
Suite, Apt #, etc.			Suite, Apt. #, etc.		Certificate of Status Desired		\$8.75 Additional Fee Required
			City & State	,	6. Election Campaign Financing		\$5.00 May Be
City & State			28	Country	Trust Fund Contribution 8. This corporation has liability for	intangible tax	Added to Fees under s 199.032,
Zip []	25	Country	Zıp.	30	Florida Statutes Yes 10. Name and Address of New	s 🔲 No	
	g. Name and	Address of Current F	Registered Agent	81 Name	10. Name and Address of flow	iogistore -	
DADDETT	, JACQUELYN	ı M		82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
5100 DOL	UBLE R LANE			83			
OVIEDO F	FL 32765			1551			
				84 City			85 Zip Code
	the provisions o	of Sections 607,0502 a	nd 607 1508, Florida Statut	84 Oity	oration submits this statement for the part of directors. Thereby accept the ap	FL urpose of char pointment as r	naion its registered offer
I1. Pursuant to or registered familiar with, SIGNATURE	a agent, or both, i, and accept the	of Sections 607.0502 a , in the State of Flor da e obligations of, Section for the state of the section of Section OFFICE AS ANI	n 637,0505, Florida Statutes discorașstare in	es, the above-named corpored by the corporation's boo	oration submits this statement for the p and of directors. Thereby accept the ap and the resistants. ADDITIONS/CHANGES TO OF	urpose of char pointment as r DATE	nging its registered officegistered agent. I am
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SIGNATURE: SIGNATURE AND TYPE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TACQUELY W BARRETI

4/16/96 4073655456

CR2E034 (12/95)