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

DOCUMENT # K60183 (6)					
CABIN	IETS UNLIMITED, INC.			(18418) 164 BUIL 48-EL HORL 14188 HI	Shari Arahi Arahi Siari Bhari Ahari Akar
,,,,,,					
Principal Place	of Business	Mailing Address			
		721 GLADES CT.			
PT. ORANG US	E FL 32127	PT. ORANGE FL 32121 US	1		
00		•		3. Date Incorporated or Qualified 3a. 01/23/1989	O5/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2931359	Not Applicable
Suite, Apt #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 City & State		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Ζφ	Country	8. This corporation has liability for intang	ible tax under s. 199.032,
24	25	29	30	Florida Statutes 🔲 Yes 🔀	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Regist	ered Agent
			81 Name		
	winslow N.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	LADES CT.	FIT YOUGHS arean			
PT. OF	RANGE FL 32127		<u></u>		
		L	84 City		FL 85 Zip Code
44 0	a the provisions of Seel one 607.00	00 and 607 1500 Provide Statutor	the above named corner	ation subnits this statement for the purpose	
or register	ed agent, or both, in the State of His	onda. Such change was authorize	d by the corporation's boa	rd of directors. Thereby accept the appointment	ont as registered agent. Fam.
	h, and accept the obligations of, Se	oction 607.0505. Florida Statutes.			
SIGNATURE _	Signatine, typed or printed name of registers Lag	est and so it acres which (NOT)	E. Registered Agent Signature require		MTE
12.	OFFICERS A	NO DIRECTORS	13.	ADDITIONS/CHANGES TO OF IGERS	
TITLE	PD	☐ DELETE	1 1 TITLE		Change Addition
NAME	HALL, WINSLOW N.		1 2 NAME		
STREET ADDRESS	721 GLADES CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ORANGE FL	□ DELFTE	2 TITLE		Change Addition
TITLE		[] DEELIE	2 2 NAME		
NAME			2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELFIE	3 1 T.HE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			33 STREET ADDRISS		
CITY-ST-ZIP			3.4 CF Y - ST - ZIP		
TITLE		☐ DELETE	4 1 THTLE	200001843	- Addition
NAME			4.2 NAME	80000184 3 -05/30/3601016	040
STREET ADDRESS			4.3 STREET ADDRESS	***400.00	
CITY+ST+2IP			4.4 C(1Y - ST - ZIP		
TITLE		☐ DEFELF	5 1 *HLF		Change Addition
NAME			5.2 NAME		, 66
STREET ADDRESS			5.3 STREET ADDRESS (//	, (^ - 1
CITY-ST-ZIP		☐ SELVIE	54C-TY-SI-7P		Addition
THTLE		☐ DELETE	6 1 JI1 F)	VET ONG 190 CL NOO JOH
NAME			6.2 NAME		J
STREET ADDRESS			6.3 STHEET ADDRESS 6.4 CITY - ST - ZIP		
CITY-ST-ZIP	1		■ UNIGHT: STEZIF		

14. To hereby cortily that the information supplied with this filting is voluntarily fornished anid does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further 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, or on an attainment with an address.

SIGNATURE: ___

4/29/96 904-761-1798

CR2E034 (12/95)