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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(0)

1. Corporation Name

**FILED** Apr 16 1996 8:00 am Secretary of State

District Disco of		Mailing Address						
Principal Place of 517 DELTONA		517 DELTONA BLVD	)					
SUITE B		SUITE B						
DELTONA FL 32725 US		DELTONA FL 32725 US			3. Date Incorporated or Qualified 04/12/1989	02/28/1995		)5
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number 59-2941649			plied For t Applicable
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 A Fee Re	Additional quired
City & State		City & State			Election Campaign Financing     Trust Fund Contribution			May Be o Fees
Zφ	Country	7ip	Countr	у	8. This corporation has liability fo			
1	25	29	30		Florida Statutes LJ Ye  10. Name and Address of New		ıt	
	9. Name and Address of Curre	nt Registered Agent	B	1 Name	10. Name and Address of New	registered rigo.		
DAMS (	GERALDINE		8:	1	dress (P.O. Box Number is Not Accept	able)		
517 DEL	.tona blvd		8:					
SUITE B						105	Zin (	Code
_	IA FL 32725			4 Crty	oration submits this statement for the part of directors. I hereby accept the ap	FL  65	1	
SIGNATURE	gnature, byted or printed name of registered age	and and the orthograph, while	NOTE: Registered As	word southful to the tall	er and the track for the CLASCO Ar	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AND DIP	CCTOH	S IN 12
12.	OFFICERS A	ND DIRECTORS	13. 1.1 Tift		ADDITIONS/CHANGES TO O	FFICERS AND DIP	CCTOH nange	S IN 12 Addition
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12. ITILE NAME STREET ADDRESS O(TY-ST-ZIP	P DAVIS, GERALDINE	ND DIRECTORS	13. 1.1 IIIL 12 NAM 13 STRE	E LET ADDRESS '-ST-ZIP	ADDITIONS/CHANGES TO O P BAYIS, GERALDUME	. <b>∑</b> Cr ✓.	nange	Addition
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Too nereby certify that the information supplied with this filing is vountarily turnished and does not quality for the exemption stated in Section 119 07(3)(k). Honda Statutes. 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13th changed, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR