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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(0)

FOOE) RESOURCES INC.	:00 (2)						
Principal Place of Business Mailing Address C/O KARL M. TOURAINE 8295 SW 107 LANE C/O KARL M. TOURAIN 8295 SW 107 LANE REPRESENTED TO LANE						jang s ing sin g 1	 	
OCALA FL 34431 US		OCALA FL 34481 US		3. Date Incorporated or Qualified				
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			06-1032779		—	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.	·		5. Certificate of Status Desired			Additional
22		27						Required
Oity & State		City & State			6. Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip	Cour	ntry	This corporation has liability for			d to Fees
24	25	29	30	,		s ∏No	ax under s	188.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New I	Registered	Agent	
				81 Name				
	NNE, KARL M.			82 Street Addre	ess (P.O. Box Number is Not Acceptal	ble)		
8285 SW 107 LANE								
OCALA	NFL 34481		ĺ	B3				
				B4 City		FL	85 Zg	o Code
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familiar wit	ud agent, or both, in the State of Fic h, and accept the obligations of, Se	orida. Such change was author ection 607.0505, Florida Statut	rized by the co es.	orporation's boar	ation submits this statement for the purid of directors. I hereby accept the app	oointment as	registered	agent. I am
familiar wit	ud agent, or both, in the State of Fig. h, and accept the obligations of, Se Signature, typed or printed name of registered ag	orida. Such change was author ection 607.0505, Florida Statut	rized by the co es.	ve-named corpora orporation's board Agent signature required	rd of directors. Thereby accept the app	DATE	registered	agent. I am
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canny that are information indicated on this difficult report of supplier refinal 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 difference or of the corporation or the receiver or trues 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: KARL M. TOUR ALDE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl M. Tomain 352-854-1800