## 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

L12396

(2)

DOCUMENT 1. Corporation Name		#	L123
PUVAI	DAI M	<b>FOUI</b>	TIFS. INC.

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Principal Place	of Business	Mailing Address					
207 CHER	ALAN HOLLISTER RY DR NE FL 32951	% JAMES AL 207 CHERRY MELBOURNE			Date Incorporated or Qualified	T <b>3a.</b> Dat∈	of Last Report
MELDOUN	INC PL GEODI				08/28/1989		11/15/1995
2. Principal P	lace of Business	2a. Mailing Addre	ss		4. FEI Number 59-2968281		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #,	etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & Stat	re	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	28 Z <sub>1</sub> p	30	intry		: 🔲 No	
4	25 9. Name and Address of Cu			T	10. Name and Address of New F	tegistered	Agent
	9. Name and Address of Co	HIGHT HEGISTOLES ASSU		81 Name			
HOLLISTER, JAMES ALAN 207 CHERRY DRIVE		82 Street Address (P.O. Box Number is Not Acceptable)					
	BOURNE FL 32951			83			Tan Carda
				84 City		FL	B5 Zip Code
		occos and pay teng Flood	a Statutes, the at	nove named core	poration submits this statement for the pu	irpose of <b>c</b> h	nanging its registered office

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.

	greature, typed or printed name of registered agent and tick if OFFICERS AND DIREC		FE Fagistered Agent signature renored a	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
II.	D	DELETE	1 1 1 PLF	
1	HOLLISTER, JAMES ALAN		1.2 NAMÉ	
NAME	207 CHERRY DR		1.3 STREET ADDRESS	
STREET ADDRESS	MELBOURNE FL		1.4 CH.Y - S1 - ZIP	
CITY - ST - ZIP	MELBOORINE TE	DELETE	2 1 TIFLE	Change Addition
TITLE			2.2 NAME	
NAME			2.3 STREET ADDRESS	
STREET ADDRESS			2.4 CHY - ST-ZIP	
CITY-ST-ZIP		DELETE	3 1 TiTLE	Change Additi
TITLE			3.2 NAME	
NAME			3.3 STREET ADDRESS	
STREET ADDRESS			3.4 CITY - ST - ZIP	
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TITLE			4.2 NAME	
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STREET ADDRESS			4.4 City-St-ZiP	
CITY-S1-ZIP		DELETE	5 1 TiTLE	Change Addit
TITLE		□ occen	5.2 NAME	
NAME			5 3 STREET ADDRESS	
STREET ADDRESS			5 4 CITY - ST - 7 IP	
CITY-ST-ZIP		T) DELETE	6 1 Title	Change Addition
TITLE		Detrie	6.2 NAME	
NAME			· ·	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6 4 CITY - SI - ZIP	for the exemption stated in Section 119.07(3)(k), Florida Statutes I furth

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 official or director of the couporation of the receiver of trustee enipowered 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 all alcohoment with an address.

SIGNATURE:

YURE AND TYPED OR DENTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

407-768-7788

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