FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996		S	Sandra B. Mortnam Secretary of State DIVISION OF CORPORATIONS		_		
DOCUME I. Corporation Nat PLASTER			')				
Principal Place of E	Business	Mailing Address				HI 30H BIQIL BIDEL QIQ	
5949 CHESWOOD CT 5949 CHESWOOD CT							
ORLANDO FL	32817	ORLANDO FL 3	2817		3. Date incorporated or Qualified 11/02/1989	3a, Date of La 04/1	st Report 8/1995
, Principal Place	of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For Not Applicable
		26	···		59-2978021		3.75 Additional
Suite, Apt. #, e	tc.	27			5. Gertificate of Status Desired		ee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be
Zıp	Country 25	28 Zip 29	30	Country	This corporation has liability for Florida Statutes	. □ No	
	Name and Address of Curi				10. Name and Address of New Registered Agent		
NONATURE					ration submits this statement for the pure and of directors. Thereby accept the app	rpose of changing pointment as regis	,
Sign	nature, lyped or printen name of registered a	gist at this it approate AND D:RECTORS	tiO1E Reg	stered Age it signarine require 13.	ADDITIONS/CHANGES TO OF		ECTORS IN 12
12. TITLE NAME STREET ADDRESS	PTD DEFREEST, THOMAS J. 5949 CHESWOOD CT	DELET	E	1 1 TITLE 12 NAME 13 STREET ADDRESS		□ Cr	
ITY-ST-ZIP	ORLANDO FL			1.4 CITY - ST - ZIP			nange
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LAME				3.2 NAME 3.3 STREET ADDRESS			
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CITY - ST - ZIP			1F	5.4 City - ST - ZIP 6.1 THE	213		hange Additi

14. If 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 call; that I am an officer or director of the corporation or the ruce ver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, or on an attachment with an address

6.2 NAME

6.3 STHEFT ADDRESS

6.4 C:1Y - ST - ZIP

NAME

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 407-678-6333