			<u> </u>		
PRI CORPC ANNUAL	NOW: FILING FEE OFIT DRATION REPORT 096	FLORIDA DEPAR Sandra E Secreta	S \$225.00 ITMENT OF STATE Mortnam: Ty of State CORPORATIONS		
DOCUM 1. Corporation Na J.O.W.,	erne)5 (7)			
Principal Place of Business C/O JESSE O. WOLFF 3124 SOUTHWEST 28TH STREET OKEECHOBEE FL 34974		Mailing Address C/O JESSE O. WOLFF 3124 SOUTHWEST 28TH STREET OKEECHOBEE FL 34974		(1301(51) 516 (151) 1501 (451) 4514 5514	. Date of Last Report 10/25/1995
2. Principal Place	e of Business	2a. Mailing Address 26		4. FEI Number 59-2975141	Applied For Not Applicable \$8.75 Additional
Suite, Apt. #, etc. 22 City & State		Suite, Apt. #, etc. 27 City & State		Certificate of Status Desired Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees
23 Zip 24	Country 25	Zip Zip	Country 30	8. This corporation has liability in intan- Flonda Statutes Yes 10. Name and Address of New Regis	No
9. Name and Address of Current Registered Agent WOLFF, JESSE O. 3124 SOUTHWEST 28TH STREET OKEECHOBEE FL 34974			83 84 Oity	odress (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
or registere familiar with	the provisions of Sections 607.05 d agent, or both, in the State of Fla, and accept the obligations of, Signature, type 10, profes an entraction of the signature, type 10, profes an entraction of the signature.	ection 607.0505, Florida Statute	ies, the above named corect by the corporation's list.	poration submits this statement for the purposionard of directors. Thereby accept the appointr	DATE
12. THILE NAME STREET ADDRESS	D WOLFF, JESSE O. 3124 SW 28TH STREET	AND DIRECTORS DELETE	13. 1 1 TILLE 1 2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE	Change Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS	OKEECHOBEE FL	DELETE	1.4 CHY-SI-7IP 2 1 HILE 2 2 NAME 2 3 STREET ADDRESS		☐ Change ☐ Addition
CITY-SI-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2 4 GITY ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME		☐ D∴LETE	3.4 CHY - ST-7P 4.1 THE 4.2 NAME		☐ Change ☐ Addition

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 supplie nontal annual report is true and accurate and that my signature shall have the same fegal effect as if made under certify that the information indicated on this annual report or supple nontal annual report is true and accurate and that my signature shall have the same fegal effect as if made under certify that it am an officer or director of the corporation or the receiver or trusted empoyered to examine this report as required by Christer 677. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDINECTOR.

Dayson Place 9. 6.4 CHY+S1-ZIP

4.3 STREET ACORESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY - ST - 7IP

4.4 CITY - ST - ZIF

5 1 T.TLF

5.2 NAME

6 111111

6.2 NAME

STREET ADDRESS

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STREET ADDRESS

CITY - S1 - ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

22 23 24

DELETE

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Change

Addition

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CR2E034 (12/95)