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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION AL REPORT 1996	Sandra B. Secretary DIVISION OF CO	of State			
DOCUN 1. Corporation J.R.H.		8 (4)				
Principal Place	of Business	Mailing Address	2-4-1- Na M		EL BORT BIBLIS DE BILL BIBLIS BIBLIS DI BER BIBLIS FORT	
% JANICE R. HORKY 4113 S. TAMIAMI TRAIL VENICE FL 34293		% JANICE R. HORKY 4113 S. TAMIAMI TRAIL VENICE FL 34293		Date Incorporated or Qualified		
				11/02/1989	04/04/1995	
2. Principal Pla 21	ce of Business	2a. Mailing Address 26		4. FEI Number 65-0160764	Applied For Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip 24	Country 25		Country 30	8. This corporation has liability for Florida Statutes Yes	intangible tax under s 199.032,	
	9. Name and Address of Curren	t Registered Agent	05 No.	10. Name and Address of New F	legistered Agent	
HORKY	JANICE R.		81 Name			
4113 S. TAMIAMI TRAIL			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
VENICE	FL 34293		83			
			84 City		FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corpor	ation submits this statement for the pu	rpose of changing its registered office	
or register familiar wit	ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	da. Such change was authorized on 607.0505, Florida Statutes.	by the corporation's boar	of directors. Thereby accept the app	ointment as registered agent. Lam	
SIGNATURE _	Stgnature, typed or printed name of registered agent	and title Lapplicable (NCTE)	Registered Agent signature requires	d when roinstating)	DATE	
12.	OFFICERS AND	LANGE OF STREET	13.	ADDITIONS/CHANGES TO OFF		
TITLE	D HODEY IANGE D	DELETE	1. 1 TITLE		Change Addition	
NAME	HORKY, JANICE R. 6699 SAN CASA ROAD		1 2 NAME			
STREET ADDRESS	ENGLEWOOD FL		1 3 STHEET ADDRESS			
CITY-ST-ZIP TITLE	0	DELETE	14 CHY+SI-ZIP 2 1 TITLE		Change Addition	
NAME	HORKY, WILLIAM J.		2 2 NAME			
STREET ADDRESS	6699 SAN CASA ROAD		2.3 STREET ADDRESS			
CITY-ST-71P	ENGLEWOOD FL		2 4 C(1) Y - ST - Z(P			
TITLE		☐ DELETE	3. 1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS	1		3.3 STREET ADDRESS			
CITY-ST-7IP TITLE		DELETE	3.4 CHY-ST-ZIP 4. 1 TILE		Change Addition	
NAME			4.2 NAME		<u> </u>	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY - \$1 - ZIP		EST - NAS - NAS NAS NAS NAS NAT ST. S.	
TITLE		☐ DELETE	5 1 TITLE		Change Addition	
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	. , , , , , , , , , , , , , , , , , , ,	Change Addition	
TITLE		€ Dereie	6. 1 TITLE 6.2 NAME		C Overige C Maniful	
NAME CIPEET ANNOESS			6.3 STREET ADDRESS			

63 STREET ADDRESS
64 CITY-ST-ZIP

14. If do hereby certify that the information supplied with it is 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOK DOK DOKEN PROOF.