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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(4)

Corporation Name

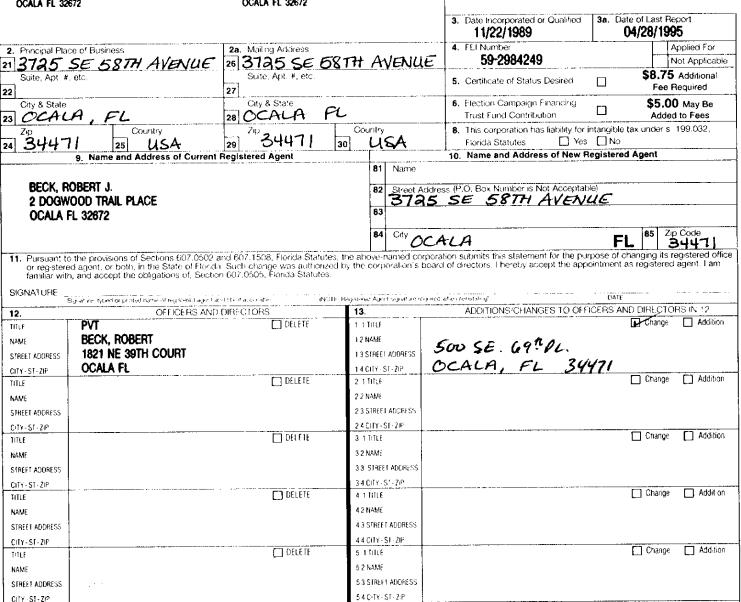
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Mailing Address

2 DOGWOOD TRAIL PLACE **OCALA FL 32672**

Principal Place of Business

2 DOGWOOD TRAIL PLACE **OCALA FL 32672**



CITY-ST-ZIP 14. I do hereby cortify that the information supplied with this filing is voluntarily furnished and one not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this around report or supplemental annual report is use and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver of trusted powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an execute this report as required by Chapter 607.

6 1 TITLE

6.2 NAME 6.3 STHEET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS.

DELFIE

☐ Change

Addition

CR2E034 (12/95)