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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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OCUME Corporation Na		L36297	' (	(4)							
WALTER A. STEIGLEMAN, P.A.											
incipal Place of	Business		Mailing Address				- I IPBLIDE PAD EFIFA DIJIN ITAIN ISA	11 <del>18</del> 81 81811 8	1914 61911 9181	i Albit Albit can	
•			% WALTER A. STEIGLEMAN								
% WALTER A. STEIGLEMAN 142 EGLIN PARKWAY, S.E.			PO BOX 685					10- D-	a aff act D	anad	
FT. WALTON B	BEACH FL 32548		FT. WALTON BEACH FL 32549 US				3. Date Incorporated or Qualified	3a. Date of Last Report 04/21/1995			
							12/11/1989 4. FEI Number			Applied For	
Principal Place	of Business		2a. Mailing Add	ress			59-2991243			Not Applicable	
			Suite, Apt. i	# etc.			5. Certificate of Status Desired			5 Additional	
Suite. Apt. #, 6	etc.		27	.,			5. Certificate of Status Excision	<u></u>		Required	
City & State			City & State	)			6. Election Campaign Financing			May Be	
Only a State			28				Trust Fund Contribution  8. This corporation has liability for				
Zip	Co	intry	Zip		Country		8. This corporation has liability for Florida Statutes Yes	s No	tox unloon s		
1	25		29		<u>10</u> 1		10. Name and Address of New		d Agent		
	9. Name and Ad	Idress of Current	Registered Agen		81	Name					
					82	Otrock Addr	ress (P.O. Box Number is Not Accepta	abie)			
	MAN, WALTER				82	Street Addi	655 (1.0. 500 1				
142 F(i)	IN PARKWAY, S	).E.			83						
OT MAI	TAN BEACH EL								05	ip Code	
FT. WAL	TON BEACH FL	. 32548			84	City			85 7		
FT. WAL	the provisions of S	Sections 607.0502	and 607, 1508, Flor tal Such change wa on 607,0505, Florid	rida Statutes, as authorized l la Statutes.	the above-the corp	i	ration submits this statement for the partial of directors. Thereby accept the ap		L	registered offic	
1. Pursuant to or registered familiar with	the provisions of \$ d agent, or both, in , and accept the o	Sections 607,0502 the State of Florid bligations of, Section	on 607.0505, Florid காமாக்குகள்	la Statutes.	the above- by the corp	named corpo poration's boa	ration submits this statement for the part of directors. Thereby accept the aparts of residual.  ADDITIONS/CHANGES TO OF	urpose of oppointment	changing its as registere	registered officed agent. I am	
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14. I do hereby certify that the information suppred with this fiting is voluntarily furnished and does not qualfy 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 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 certify that I am an officer or director of the corporation or trustee or howevered 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 only if a corporation or trustee or howevered 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 only if a corporation of the corporation

SIGNATURE: \_\_\_

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A. STEIGLE MAN 4/10/96

CR2E034 (12/95)