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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporate	JMENT # L395	(-)		# [##]## ###############################	- XIII
Principal Place of Business Mailing Address					
% ANTOINETTE J WHEAT % ANTOINETTE J WHEAT 1324 W BUSCH BLVD 1324 W BUSCH BLVD TAMPA FL 33612-7710 TAMPA FL 33612-7710			EAT		
US		US		3. Date Incorporated or Qualified 12/26/1989	3a. Date of Last Report 03/03/1995
_2. Principal f 21	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite. Apt	. #. etc	26		59-2986252	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta 23	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24]	Country 25	Z(p)	Country 30	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s 199.032,
	9. Name and Address of Curr			10. Name and Address of New Ro	
			81 Name		
WHEAT, ANTOINETTE J 1324 W BUSCH BLVD			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
	FL 33612		83		
			84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1609. Florida Ctatut		ration submits this statement for the purp rd of directors. I hereby accept the appo	
SIGNATURE	Styriatine i typero or perited name of registered ag OF FICERS A		It. Registered Agenit signature require		DATE
TITLE	PTD	DELFTE	1 1 TITLE		☐ Change ☐ Addition
NAME Name	BELKNAP, CHARLES ROBE	RT	1.2 NAME		
STREET ADDRESS	18565 KINGBIRD DR LUTZ FL		1 3 STREET ADDRESS		
City-St ZiP Tit, E	SVD	DELETE	1.4 C(TY+ST+Z(P 2 1 T(TLE		D Orange D Addition
NAME	PETERSEN, TONNY HJORT	-	2 2 NAME		Change Addition
STHEET ADDRESS	A 5 A 5 A 4 4 4 5 5 6 4 4 5 6 4 4 4 4 4 4 4 4 4 4		2.3 STREET ADORESS		
011Y - S" - 71P	WINSTON-SALEM NC		2 4 CITY - ST - ZIP	<u>.</u>	
TIFLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAVE COLL ADDOCCE			3 2 NAME		
STREET ADDRESS CITY+ST-ZIP			3.3 STREET ADDRESS		
THE STATE		DELETE	3 4 City-St-ZiP 4.1 Title		
NAME			4.1 THE 4.2 NAME		☐ Change ☐ Addition
STEELT ADDRESS			4.3 STREET ADDRESS		•
CH*-SI-ZIP			4.4 CITY - ST - ZIP		
HILE		DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		· -
STREET ADDRESS			53 STREET ADDRESS		
C-1Y S1 ZiF	· 	<u>-</u>	5 4 CITY-ST-ZIP		
THEF		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME Charles Indonésia			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY S1-ZIP	w cortify that the information expedies	Manifes Halo El ope in a nel and a 11 ft and	6 4 CITY - ST - ZIP		

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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

CHARLES R. BELLINAD

316196 (813) 961-6693