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 DOCUMENT #
1. Corporation Name

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Pri	ncipal Place	of Business	······································	N	lailing Address			_		İ	1 ORBANDIN ORI BINDO ARIND ANDRO FA	H WEDI DIGII DIB			HANI OLDIL FADI	
%ALAN J. KUSSY 10681 75TH ST NORTH LARGO FL 34647				%ALAN J. KUSSY 10681 75TH ST NORTH LARGO FL 34647				Determine the control	la Bu		. 5.					
								3.	Date Incorporated or Qualified 02/23/1990	3a. Date	1/28/					
	Principal Pla	Place of Business			2a. Mailing Address				4.	FEI Number	···			oplied For		
21	Suite, Apt. #	t # oto			26 Suite, Apt. #, etc.				59-3004306				ot Applicable			
22	Suite, Apr. 1	л. #, etc.			27]				5.	Certificate of Status Desired				Additional equired		
23	City & State	State			City & State										May Be	
23	Zip	Country		20			Country	,		This corporation has liabi					to Fees	
24		25 29		,	30				-		No					
		g. Name and Address of Curre			nt Registered Agent			т		10. Name and Address of New Registered				Agent		
							81	l	Name							
KUSSY, ALAN J. 10681 75TH ST NORTH							82		Street Addres	Address (P.O. Box Number is Not Accepta						
LARGO FL 34647						83	†-				····					
							84	 	City			FL	85	Zip	Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the or registered agent, or both, in the State of Florida. Such change was authorized by familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 						ne above-r y the corp	na: ior	med corporati ration's board	ion s of di	submits this statement for the pulificators. I hereby accept the app		nging it register	ts req	gistered office agent. I am		
SI	GNATURE _															
12		Signature, typed	For printed name of reg	istered agont and the CERS AND DIRE		(NOTE: R	egistered Ager	1 8	sią iaturo required w	hen re	enstating) ADDITIONS/CHANGES TO OFF	DATE OF AND	DIDEC	100	PO INL 10	
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City-St-ZiP						6 4 CITY - ST - ZIP					<u>.</u>					

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 oath; that I am an officer or director of the conjuration on 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 th charged, occur an attachment with an address.

SIGNATURE:

HALAR VICE RESIDENT
SIGNATURE AND VPED DEPOSITIVED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/30/96 X(813)5454943