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 # L60865 (7)

HENRY E. FREDERICK, INC.											
Principal Place of Business P.O. BOX 1879 DESTIN FL 32540 US		Mailing Address					1 10011011 010 01111 00101 54110 011)	ANI BIBIK BIBA		
		P.O. BOX 1879 Destin FL 32540 US				l. Date Incorporated or Qualified	Za Dat	e of Last R	lonort		
						,	03/28/1990	,)2/20/19		
2. Procipal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address				l. FEI Number			Applied For	
21		26					59-3007281			Not Applicabl	le
Suite, Apt. i	#, etc.	Suite Apt. #, etc	· ¬			5	i. Certificate of Status Desired			Additional Required	
City & State	3	Orly & State	- 			-	Election Campaign Financing Trust Fund Contribution		\$5.0	May Be	
23 Ζφ	Country	7 ₍₂₎	Cou	intry			. This corporation has liability for	intang ble t			
24	25	29	30	,			Florida Statutes				
	9. Name and Address of Curre					10). Name and Address of New I	legistered	Agent		
				81	Name						
FLEET,	H. BART			82	Street Ad	dress (ess (P.O. Box Number is Not Acceptable)			•••	-
	GLIN PKWY			-							_
SHALIM	AR FL 32579			83							
				84	City			FL	85 Zi	p Code	
or register	to the provisions of Soctions 607.05 ed agent, or both, in the State of Fic th, and accept the obligations of, Se	edu. Such change was authori	zed by the o	ove-n	named corp pration's bo	oration pard of	submits this statement for the pudirectors. I hereby accept the app	rpose of chointment a	anging its r s registered	registered offi dagent. Lam	ce
	Signation, typed coperations are of register diag-		OTE Blogistered	Açı ıı	t Syriature résp	oec w⁴er		DA'F			<u> </u>
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF		D DIRECTO	OHS IN 12	<u> </u>	
THE	CTPANT MONATI		1.2 NAME		ļ				Change	L] Addition	` `
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CITY-ST ZIP											
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NAME:			6 2 N	ΑΜÉ							
STHEET ADDRESS			63S	1REE!	ADDRESS						
Cify - S1 - ZiP			640	HY S	1 - ZIF					·	
14. I do heret	y certify that the information supplies	I with this filing is voluntarily fur	nished and	does	s not qualify	y for the	e exemption stated in Section 119	3.07(3)(k), Fi	orida Statu	ites. I further	

a cut insteady dering man the information supplied with this ling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Ffurther certify that the information indicated on this arimunit 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 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 THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

904-267-46 22