FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # L76231

(4)

FILED May 20 1997 8:00am Secretary of State

DECU IN	e of Business	Mailing Address	: 		
1376 LORI DRIV SPRING HILL F	VE	1376 LORI DRIVE SPRING HILL FL 34606-4573	: :		
			!	3. Date Incorporated or Qualified 05/29/1990	3a. Date of Last Report 04/23/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 1364 LORI	DRIVE	65-0211791	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apl. #, etc.	ŧ	5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	0	City & State	1	6. Election Campaign Financing	\$5.00 May Be
23		28 SPRING HIL	1,FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip ³	Country	8. This corporation has liability for	
24	9. Name and Address of Cu		30]	Florida Statutes 10. Name and Address of New Re	Yes No
MO		ariont Hogistorea Agent	81 Name	TO, Hallis Bits Address of How He	Bistolog Agelii
MIONE, LOUIS B. 5217 KIRKWOOD AVE.			00 00-014	70 O D	1.3
	ING HILL FL 34608		82 Street Addr	ess (P.O. Box Number is Not Acceptab	NO)
			83		
			84 City		85 Zip Code
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				FL
11. Pursuant office or r	to the provisions of Sections 607 egistered agent, or both, in the t	7.0502 and 607.1508, Florida Statule State of Florida. Such change was a	s, the labove-named corp uthorized by the corporat	oration submits this statement for the plants board of directors. I heroby acception's	ourpose of changing its registered to the appointment as registered.
	m familiar with, and accept the o	obligations of, Section 607.0505, Flor	rida Statutes.		
SIGNATURE	Signature, typed or printed harne of register	ed agent and title if applicable (NO1)	Registered Agont's gnature require	ed when reinstating)	DATE
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 101.6		Change Addition
NAME	MIONE, LOUIS B.		1.2 NAME		
STREET ADDRESS	5217 KIRKWOOD AVE.		1.3 STREET ADDRESS		· ·
CITY-ST-ZIP TITLE	SPRING HILL FL	DELETE	1.4 CNY - ST - ZIP 2.1 IITLE		Change Addition
NAME		Les backing	22 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CHY-ST-ZIP		
TITLE		☐ ĐƯƯỀIE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DÉLÉTE	3.4. ICITY - ST - ZIP 4.1 TITUE		Change Addition
NAME		L. Dittie	4. 2 NAME		E Change E Manitoli
STREET ADDRESS			4.3 \$THEET ADDRESS		
CITY-ST-ZIP			4.4 ÇITY - \$1 - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		[Treerin	5.4 CHY-ST-ZIP		Obacca Taldaria
TITLE		☐ DELETE	6.1 THE		☐ Change ☐ Addition
NAME Street address			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST- ZIP		
VIII OI LIE			0.4 0111-01-211		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 logal 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 an attachment with an address