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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		CORPORATIONS	. ]		
1. Corporation		` '				
JIM W	ARNER & ASSOCIATES, IN	NO.		1 188 HADI ABI KAKAL ARIIA 1818 BAI	466  \$161  6161  6161  6171  6171  6161  61	
	of Duoinosa	Mailing Address				
•		_				
806 VERONA	ST	806 VERONA ST				
KISSIMMEE F	FL 34741	KISSIMMEE FL 34741		3. Date incorporated or Qualified 07/02/1990	3a. Date of Last Report 04/25/1995	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied	d For
21		26		59-2280220		p'icable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addit	
(2)		City 8 State		# Floating Convenien Financing	Fee Require	
City & State		28		Election Campaign Financing     Trust Fund Contribution	S5.00 May Added to Fe	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	29	30	Florida Statutes Yes	□No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New F	legistered Agent	
			81 Name			
	R, JAMES D.		82 Street Add	fress (P.O. Box Number is Not Acceptat	ole)	
806 VER			83			
SUITE 4						
MMICCIA	AEE FL 34741		84 City		FI 85 Zip Code	9
or registere	ed agent, or both, in the State of Flor	rida. Such change was authoriz	red by the corporation's boa	oration submits this statement for the pu	nintment as registered agent	. Lam
SIGNATURE:	Signature, typed or printed name of registered age	otion 607.0505, Florida Statutes	S. Of s. The gradient Age of septed in crosp in	<i>ા પ્ર</i> જ્ઞાન હો તેવ <b>ુ</b>	DATE	
SIGNATURE:	Signature, typed or printed name of registered again	otion 607.0505, Florida Statutes প্রিক বর্তনীয়ন্ত্রাক্তর (ম ND DIRECTORS	S. Of a Fagistmen April Septembrit responses		DATE ICERS AND DIRECTORS IN	12
SIGNATURE:	Signature, typed or printed name of registered agr OFFICERS AND	otion 607.0505, Florida Statutes	Ols Figuresca Agent sepadar, respirator.  13. 1 1 Tillef	<i>ા પ્ર</i> જ્ઞાન હો તેવ <b>ુ</b>	DATE ICERS AND DIRECTORS IN	
SIGNATURE: _s  12. INITE NAME	Signature, typed or printed nan o of registered agr OFFICERS AND D WARNER, JAMES D.	otion 607.0505, Florida Statutes প্রিক বর্তনীয়ন্ত্রাক্তর (ম ND DIRECTORS	St. Figure 2 Agent Sepadar, 1989.  13. 1 Title 12 NAME	<i>ા પ્ર</i> જ્ઞાન હો તેવ <b>ુ</b>	DATE ICERS AND DIRECTORS IN	12
SIGNATURE:  12.  THE NAME STREET ADDRESS	OFFICERS AND WARNER, JAMES D. 806 VERONA ST., SUITE 4	otion 607.0505, Florida Statutes প্রিক বর্তনী মুদ্দারকার থে ND DIRECTORS	S.  Of Sequence April Separationing in 13.  1 Title  1 2 NAM:  1.3 STARE LADDRESS	<i>ા પ્ર</i> જ્ઞાન હો તેવ <b>ુ</b>	DATE ICERS AND DIRECTORS IN	12
SIGNATURE:  112.  THUE NAME SIBELL ADDRESS CITY-SI-ZIP	Signature, typed or printed nan o of registered agr OFFICERS AND D WARNER, JAMES D.	otion 607.0505, Florida Statutes প্রিক বর্তনী মুদ্দারকার থে ND DIRECTORS	St. Figure 2 Agent Sepadar, 1989.  13. 1 Title 12 NAME	<i>ા પ્ર</i> જ્ઞાન હો તેવ <b>ુ</b>	DATE  FICERS AND DIRECTORS IN  Change	12
SIGNATURE:  12.  THE NAME STREET ADDRESS	OFFICERS AND WARNER, JAMES D. 806 VERONA ST., SUITE 4	ction 607.0505, Florida Statutes গৈলৈ চালে বিল্লাপালন শ ND DIRECTORS	S.  Of S. Fing stored Agend separation responsible.  13.  1 THEF  12 NAME  1.3 STREET ADDRESS  1.4 CHY-ST-ZP	<i>ા પ્ર</i> જ્ઞાન હો તેવ <b>ુ</b>	DATE FICERS AND DIRECTORS IN Change	
SIGNATURE:  STATE OF THE STATE	OFFICERS AND WARNER, JAMES D. 806 VERONA ST., SUITE 4	ction 607.0505, Florida Statutes গৈলৈ চালে বিল্লাপালন শ ND DIRECTORS	13. 1 TITLE 1 2 NAM: 1.3 STREET ADDRESS 1.4 CHY, ST-ZP 2.1 TITLE	<i>ા પ્ર</i> જ્ઞાન હો તેવ <b>ુ</b>	DATE FICERS AND DIRECTORS IN Change	
SIGNATURE:  12.  INLE NAME SIRELI ADDRESS CITY-S1-ZIP TILLE NAME	OFFICERS AND WARNER, JAMES D. 806 VERONA ST., SUITE 4	Clion 607.0505, Florida Statutes  Transition flagglock  [NO DIRECTORS  [] DELETE	11. Figure Co April Sepadia in respira 13. 1 THEF 12 NAM: 1.3 STREET ADDRESS 1.4 CHY ST-ZP 2.1 THE 2.2 NAME	<i>ા પ્ર</i> જ્ઞાન હો તેવ <b>ુ</b>	DATE  ICERS AND DIRECTORS IN  Change //	12 Addition Addition
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certry that the information indicated on this armital report or supplied intal armost report is rue and accurate and that my signature shall rave the same legal offect 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 attact ment with an address. SIGNATURE:

4/1/96 407-933-4784