## 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 # L89834 (0)									
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	2 10.								
Principal Place		Mailing Address	Mailing Address			1 1 m Despite mpr tipler værme smelpæ vere			F(t 9797) 919)  1891
101 WHITNEY ST. KISSIMMEE FL 34744 US		6389 BONNIE CT ST CLOUD FL 3477	ST CLOUD FL 34771					•••	
						3. Date Incorporated or Qualified 07/25/1990	3a. Date	of Last <b>5/01/1</b>	995
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21 Suite, Apt. ≢	ata.	Suite Apt # etc.	Suite, Apt. #, etc.			65-0203223	··	¢0.7	Not Applicable
22	·, e.c.	27	<u>├</u>			5. Certificate of Status Desired		,	'5 Additional e Required
City & State		City & State				6. Election Campaign Financing			00 Мау Ве
23		28	28			Trust Fund Contribution			led to Fees
Zip	harring harring harring			fry 8. This corporation has liability for intangible tax under			ıx under	s 199.032,	
24		25   29   30   30   30   30   30   30   30   3				Florida Statutes Yes No			
	9. Name and Address of C	urrent Hegistered Agent	B	1	Name	10. Name and Address of New F	egistered	Agent	
DDUCAN	NO MENDY O ID			1.					
BRUENING, HENRY C, JR 6389 BONNIE CT.			8:	2	Street Addre	ss (P.O. Box Number is Not Acceptal:	le)		
	INNIE G1. JD FL 34771		8:	3		**************************************	···		
01.000	JU FL 34771			1					
			8	4	City		FI	85	Zip Code
11. Pursuant to	the provisions of Sections 607	.0502 and 607.1508, Florida Stat	tutes, the above	LL. -na	med corpora	dion submits this statement for the pur	pose of cha	nging its	registered office
or registere familiar with	ed agent, or both, in the State of h, and accent the obligations of,	l Florida. Such change was autho , Section 607.0505, Florida Statut	rized by the cor tes.	por	ration's board	tion submits this statement for the pur I of directors. I hereby accept the appr	bintment as	registere	od agent, I am
SIGNATURE									
	Signature, typed or printed name of registers		NOTE Engistered Ag	irit s	signature required (		EMTE		
12. TITLE	PTD	S AND DIRECTORS  DELETE	13. 1 1 TITLE		·	ADDITIONS/CHANGES TO OFF			
NAME	Bruening, amy H.	[_] been	1.2 NAME			*	L	_) Change	Addition
STREET AUDRESS	6389 BONNIE CT.		1.3 STREET ADDRESS		nnorce				
CITY - S1 - ZIP	ST. CLOUD FL 34771		1.4 CHY-						
TITLE	VSD	DELETE	2 1 HTLE		211			Change	[ ] Addition
NAMe	BRUENING, HENRY C. J	IR.	2.2 NAME				_		
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Tifle		☐ DELETE	4 110748					] Change	☐ Addilion
NAME.			4.2 NAM:						
STREET ADORESS			4.3 STREE		į.				
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STREET ADDRESS			5.2 NAME						
CITY-ST-ZIP			5 3 STREE						
TITLE		DELETE	5.4 CITY- 6. 1 TITLE	SI-	/P2		r	Change	Addition
NAMÉ		C) seek it	6.2 NAME				L.	T everific	T Vogition
STREET ADDRESS			6.3 STREE	1 AF	DIDRESS				
CITY-ST-ZIP			6.4 CHY-		1				

14. 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 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:

THE JOHN TYPED OF PHINTED NAME OF SIGNING OFFICER

Amy H. Bruching 4/20/96

407/735-1664

CR2F034 (12/05)