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



CORPO ANNUA	OFIT DRATION L REPORT	FLORIDA DEPARTM Sandra B. M Secretary of DIVISION OF COL	fortham of State		
DOCUM 1. Corporation N BORRA		6 (5)			
Principal Place of 7447 CAMIO A COCOA FL 32: US	VE.	Mailing Address 7447 CAMIO AVE. COCOA FL 32927 US		3. Date incorporated or Qualified 08/06/1990	3a. Date of Last Report 04/28/1995
21 8 2 3 6 Suite, Apt. #, 22 City & State		2a. Mailing Address 26	TA AUF	4. FEI Number 59-3022490  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution	Applied For Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees
23 VECO 24 FL3	BEACA EL.  Country  25   NDMY LIVE  9. Name and Address of Curren	7 31967 3	Country  O INDIAN PINE	10. Name and Address of New F	;
7447 CA COCOA	FL 32927	to control trade that the	83 84 City VIEO the above-named corpor by the corporation's boa	·	FL 85 Zip Code  Japose of changing its registered office nointment as registered agent. I am
SIGNATURE	Hulliam PEGO Lipud de Epperd or per bell name of respectively agred OFFICERS AN	la HESTOEM	WILLIM P-3 Hagadersetzspielsspielere trajete T 13.	DONEA PROLUCY	7-4-26-96 FICERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	PDT BORRA, WILLIAM P 7447 CAMIO AVE. COCOA FL	☐ DÉLETE	1 1 TILLE 12 NAME 13 STEEL ADDRESS 14 CITY ST-ZIP		☐ Change ☐ Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS	COCOATE	□ DELETE	2 1 TI LE 2 2 NA ME 2 3 STMEFT ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIF  TITLE  NAME  STREET ADDRESS		☐ DELETE	2.4 CP (+ ST - ZIP 3.1 TI LE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	34 CF ST-ZF 4 1 TILE 42 M VE 43 STREET ADDRESS		☐ Change ☐ Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 (CLY - ST-ZIP 5.11 T.E 5.2 N.ME 5.3 ST-REL ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	54 CTY - ST-7IP 6 1 T TLF 62 N IWE 63 S REEL ANDRESS		Change Addition
CITY - ST - ZIP	I		64C TY - ST - 71P		

14. I do hereby certify that the information supplied with this filing is voluntarily turnished 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 certify that I are 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:

SIGNATURE:

SIGNATURE

Deplies Prince

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4-26-96 407-388-3429