FILE	NOW: FI	LING FEE AFT	TER MAY 1 I	S \$225.00		
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # L99628		L99628	(4)			
1. Corporation	i Name DOD MANAGE		V 7			
W/ W 131 4		MENT HAV				
Principal Place	of Business	λ	Mailing Address		I fabligh die Jahr Ibho Bhir ij	
12384 APOPKA VINELAND RD ORLANDO FL 32836		12384 APOPKA VINELAND RD ORLANDO FL 32836				
					3. Date Incorporated or Qualified 09/13/1990	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 21 4060 TOWN CENTER BLYG			Mailing Address	· Como Peus	4. FEt Number	Apriled For
21 ~700 Suite, Apt. #		CENTER OCES	Suite, Apt #, etc.	ON CENTRE BLUD	59-800000 302	Not Applicable
22		27	1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	LANDO		City & State OCIANO		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 多スイ ろ	7 25	ORANGE 29	32P37	Country 30 BRANGE	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
		ddress of Current Regis	i	[30]	10. Name and Address of New F	
11. Pursuant to or registere familiar with	ASSE FL 32301 the provisions of S	Sections 607.0502 and 60 the State of Florida, Suc bigations of, Section 602		84 City s, the above-named corporate by the corporation's beare	ation submits this statement for the pu d of directors. I hereby accept the app	FL 85 Zip Code pose of changing its registered office ointment as registered agent. I am
*************************	Signaturer typesd or preto di	nan e of registered agent a nd lifte. I	fapp-cable [NCIT	Li Rogistered Agent signature required	i හේ හෝ අවුර සේ බේරුල්)	DATE
12.		OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE NAME	D IAMOGEN DO	MAIN A	DELETE	1. 1 TIFLE		Change Addition
STREET ADDRESS	Janssen, Ro 8254 Granai			1.2 NAME 1.3 STREET ADORESS		
CITY-ST-ZIP	ORLANDO FL			14 CITY - \$1 - 7IP		
TITLE	D		DELFTE	2 1 TITLE	7 · · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	WOODRING, I			2.2 NAME		
STREET ADDRESS	23 OAK MEAI			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PITTSFORD N	IY 14534	FI DELETE	2.4 City - St - 7if*		
NAME			DELETE	3 1 TITLE		Change Addition
STREET ADDRESS				3.2 NAME 3.3 S!HEFT ADDRESS		
CITY-ST-ZIP				3.4 CITY - S1 - ZIP		
TITLE			DELETE.	4 1 10LE		Change Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIF		······································		4 4 CHY+S1-7IP		
TITLE			DOTE IE	5 1 TITLE		Charige Addition
NAME STREET ADDRESS				5 2 NAME		
CITY-ST-ZIP				5 3 STREET ADDRESS		
TITLE			[] DELETE	5 4 CITY - ST - ZIP 6 1 TILLE		Change Addition
NAME .				6 2 NAME		C Charge C Addition
STREET ADDRESS				6.3 STREET ADORESS		

64 CITY-ST-ZIP

14. I do hereby certify that the information surplied with this firing 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 of 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 of 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 in charged. Or on an adaptment with an address.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date:

Date: