FILE NOW: FILING FEE A PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPA Saridra Secret	FLORIDA DEPARTMENT OF STATE Sandra B Montham Secretary of State DIVISION OF CORPORATIONS							
DOCUN 1. Corporation	MENT # M810	میں ایک کے معالم کے معالم کی معالم کر معالم کی م معالم معالم کی معالم ک	(7)							
Principal Place	Mailing Address									
9376 oakhuf Seminole fl		9376 OAKHURST ROAD Seminole FL 34646	9376 OAKHURST ROAD SEMINOLE FL 34646			3. Date Incorporated or Qualified	3a. Date			_
2. Principal Pla	ice of Business	28. Mailing Address			······ ·· ··· ····	05/16/1988 4. FLI Number	04	→	Applied For	-
21   	, etc.	26 Suite, Apt. #, etc.				59-2889465 5. Certificate of Status Desired			Not Applicable Additional	
22 City & State 23		27 City & State 28				6. Election Campaign Financing Trust Fund Contribution		\$5.00	Pequired D May Be I to Fees	-
Zip 24	Country 25	Zip 29	Country 30			8. This corporation has liability for i	intangible ta:			
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New R	egistered A	gent		
9376 OA	Gilbert R. Khurst Road				Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
SEMINOL	le Fl 34646			83	<u></u>			1	- <u></u>	
dd Flumment te					City		FL		Code	
or registere	and accept the obligations of Sections to Loc h, and accept the obligations of, Sec	rida. Such change was authorize	ed by the d	corpor	ation's board	ation submits this statement for the pur d of directors. Thereby accept the app	pose or una pintment as i	egistered	agent. I am	
SIGNATURE	Signature, typed or printed name of registered age	nt and blic if appendiate (NO	1E Registered	d Agoret si	ignature required	when reinstanng)	DATE			
12.	OFFICERS A		<b>13.</b> 1. 1 THLE		—	ADDITIONS/CHANGES TO OFF	· ····		*	2/95
NAME	White, Gilbert R.		1.2 N			Change Addition			2E034 (12/95)	
STREET ADORESS	9376 OAKHURST ROAD		1.3 ST	1.3 STREET ADDRESS						E03
CITY-ST-ZIP TUTLE	Seminole FL			1.4 CITY - ST - ZIP 2 1 TITLE			r	Change	Addition	-12
NAME STREFT ADORESS	WHITE, ELIZABETH 9376 OAKHURST ROAD		2 2 N	2 2 NAME 2 3 STREET ADDRESS			L	l cuange		
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP					<u>.</u>		
NAME		DELETE	3 1 THEF 3 2 NAME				C	] Change	Addition	
STREET ADDRESS					DORESS					
CITY - ST - ZIP			3 4 CITY - ST - ZIP		ZIP		· · · · · · · · · · · · · · · · · · ·			
THLE NAME				4 1 TILE 4 2 NAME			L.	] Change	Addition	
STHEET ADDRESS	25		4 3 STREET ADDRESS		OBESS					
CIPY - ST - ZIP	34		4 4 CI	44 CITY - ST - ZIP						
TRUE			5 1 TILE				Ľ	] Change	Addition	
NAME STREET ADORESS			5 2 NAME 5 3 STREET ADURESS		)OPESS					
CITY-ST-7IP			54 CITY - ST - ZIP							
TITLE		DELETE		6 1 TITLE				Change	Addition	
NAME STREET ADDRESS			6 3 STREET		IDRESS					
CHTY+ST-ZIP			6 4 CI	114-51-2	21P					
certify that	the information indicated on this ann	hua' report or supplemental annu	ual report i	is true	and accurat	r the exemption stated in Section 119. e and that my signature shall have the	same legal e	effect as if	made under	
oath; that I appears in	am an officer or director of the corp Block 12 or Block 73 if changed, or	ioration or the receiver or trustee on an attachment with an addre	empowe <sup>ess</sup> l	red to	execute this	report as required by Chapter 607, Fig	orida Statute	s; and tha	t my name	
SIGNAT		PRAPINTED NAME OF SIGNING OFFICE	) R ÖR ÖIRECT	TOR		4-10-96	<i>81</i> 3 .	576-6	6257	