SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name M85150

(4)

Principal Place of Business Principal Place of Business Mailing Address 12.18 1446 GULF TO BAY SUITE A CLEARWATER FL 34616 US Mailing Address 12.18 CURT ST SUITE A CLEARWATER FL 34616 US						Date Incorporated or Qualified 3a. Date of Last Report			
						06/13/1988		05/01/1995	
2. Principal P	lace of Business	2a. Mailing Address 26 1218 Com	t St			4. FEI Number 59-2894851	······································	h	pplied For ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State	0	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added	to Fees
Zip 24	Country 25	Z/p 29	30 Co.	intry		8. This corporation has hability for Florida Statutes	intangible t Yes	ax under s No	199 032,
	9. Name and Address of Curr					10. Name and Address of New Re			
FR'	Y, DOLORES			81	Name		··•		
	IS COURT ST A			82	Street Add	fress (PO. Box Number is Not Acceptat	o'e)		
CLI	EARWATER FL 34616			83				· · · · · · · · · · · · · · · · · · ·	
					Cabi			T	
				84	,	poration submits this statement for the p	FL	1 1 '	Code
SIGNATURE 12.		agent and sticul augments (NO AND DIRECTORS	DIE. Ricgistere	d Ag e	nl signuture requ	wicd when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND I	DIRECTOR	RS IN 12
THILE	DPS	DELETE	‡ 1 Ti	TLE		77.74.2.1		Change	Addition
NAME STREET ADDRESS	FRY, DOLORES M. 1218 COURT ST A		1 2 N		1000000				
CITY-ST-ZiP	CLEARWATER FL			INEET ITY-S	ADDRESS L-7IP				
TrTLE	T	DELETE	2 1 TI					Change	Addition
NAME	FRY, DOLORES M.		22 N						
STREET ADDRESS CITY-S1-ZIP	1212 COURT ST #D CLEARWATER FL				ADDRESS				
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NAME			3 2 N	AME			_		
STREET ADDRESS			335	TREET.	ADDRESS				
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NAME			62 N/				Ļ_	Change	Addition
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP				TY - SI	1				
made und	ruiv mas ine intormation indicatec i	on this annual report or supplement of the corporation of the	urnished a tental and	nd d ial re	loes not qua	ilify for the exemption stated in Section and accurate and that my signature sha ed to execute this report as required by t	diberen es deservi	annon la con	A \$4 1

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-96 (813) 442-1198