ANNU	PROFIT PORATION JAL REPORT 1996	Sandra Socret	ARTMENT OF STATE B Mortham tary of State CORPORATIONS		
DOCU 1. Corporation	MENT # M89	9898 (4)			
	TRICS, INC.) (ODDAOD) AR IO(D IOAD) AD(D IOAD) AD(D IOAD)	n hain didik denik didik didik didik didik deni
Principal Place 8051 N. TAI SARASOTA	VIAMI TR., #38	Mailing Address 8051 N. TAMIAMI TR.	. #38		
5000000	FL 3424J	SARASOTA FL 34243		3. Date Incorporated or Qualified 07/15/1988	3a. Date of Last Report 05/01/1995
2. Principal Pl 21	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0077225	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for	Added to Fees
	9, Name and Address of C	current Registered Agent	81 Name	10. Name and Address of New R	legistered Agent
JOHNSTON, GARY L.				dress (P.O. Box Number is Not Acceptab	
	ST CT NW NTON FL 34209		83		
			84 City	- N. M. B. M. L. M. L	let Zin Code
11 Dursuppl	to the provisions of Castiana CO2				FL 85 Zip Code
		0502 and 607 1508 Florida Statute	es the above named corns	ration admits this statement for the sur	
or register familiar wi	red agent, or both, in the State o th, and accept the obligations of,	.0502 and 607.1508, Florida Statute f Florida Such change was authorize , Section 607.0505, Florida Statutes	es, the above-named corporation's boa	pration submits this statement for the pur ard of directors. I hereby accept the app	pose of changing its registered office pintment as registered agent. I am
or register familiar wi SIGNATURE	in, and accept the obligations of,	, Section 607.0505, Fionda Statutes	S.		pose of changing its registered office ointment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registers OFFICER	, Section 607.0505, Fionda Statutes	es, the above named corpored by the corporation's boards.		pose of changing its registered office ointment as registered agent. I am
SIGNATURE:	Signature, typed or pricised name of registers OFFICER VD	d agent and the Pappings 46. (NO	s. JTE: Rugiverso Agent signature roxiui 13. 1.1 THLE	ud when roinstaing:	pose of changing its registered office bintment as registered agent. I am
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