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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

M91180

(3)

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Inc	CUNUT	LWO	UT.	INLL	мпи	MODEL.	IINU.

Principal Place	of Business DVILLE HWY SEE FL 32311	Mailing Address 4549 WOODVILLI TALLAHASSEE F US					
					07/27/1988	a. Date of Last Report 03/08/1995	
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-2910125	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite Apt. #, etc	–		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip 24	Zip Country Zip			Country 8. This corporation has liability for intangible tax under s Flor.da Statutes Yes No			
	9. Name and Address of Curre				10. Name and Address of New Regi	stered Agent	
				1 Name			
LEVINE, MARK S. 245 EAST VIRGINIA STREET			•	2 Street Add	ess (P.O. Box Number is Not Acceptable)		
	HASSEE FL 32301			3			
17 10007 1	THOUSE I E OEGO						
			P	4 City		FL 85 Zip Code	
SIGNATURE	h, and accept the obligations of Se Sylethic bredor problems of rejets stage OFFICERS A		INCLE Payate of A. ■ 13.	jent signature së pilice	ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTORS IN 12	
TITLE	PVT	DELETE	1 1 11	E		☐ Change ☐ Addition	
NAME	SPITLER, DANIEL B.		1.2 NAM	ŧ l			
STREET ADDRESS	5704 BRIANWOOD CIR		1.3 STR:	ET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL	<u>.</u>	1400	-ST_ZIP			
TITLE	put	O DELETE	2 1 1/1/:			Change Addition	
NAME CANCEL LOCATED	Spither Daniel 1 4549 Woodrille F tallahassee, Fd)ı Maria	2.2 NAM	1			
STHEET ADDRESS	4549 Woodville	\$W Y		ET ADORESS			
CITY-ST-ZIP TITLE	Talcanassees Fa	1. 32 377	2 4 Cilly 3 1 Till			Change Addition	
NAME			3 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4 C(T)				
TITLE		DELFIE	4 1 11/11	f .		Change Addition	
NAME			4.2 NAM				
STREET ADDRESS			43STB-	ET ADDRESS			
CITY - ST - ZIP			44 0111				
TITLE		☐ DELETE	5 1 1171			Change Addition	
NAME			5.2 NAM	j			
STREET ADDRESS				FT ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5 4 CITY 6 1 TITE			Change Addition	
NAME			6.2 NAM			Figure Fil vanilou	
STREET ADDRESS				F F ADDRESS			
CITY-ST-ZIP			6.4 CITY				
14. I do hereby certify that oath; that I	the information indicated on this and	nual report or supplemental a poration or the receiver or tru	furnished and du annual report is t stee empowere:	es not qualify for	or the exemption stated in Section 119.07() te and that my signature shall have the sam s report as required by Chapter 607, Florida	e legal effect as if made under	

SIGNATURE: Land B Anile Daniel B. Sp; tler 04/25/96 904-656-247/