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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N04331

(7)

. Corporation is	ENT # NO433 BUSINESS & INDUSTRY ON, INC.					
		Mailing Address			JI DE BEBLE BEBLE DEBUT BEBLE	Athri Araki canı
Principal Place of		7200-C ALOMA AVE				
7200-C ALOMA		WINTER PARK FL 32792				
WINTER PARK FL 32792					3. Date Incorporated or Qualified 3a. Date of Last Report 02/03/1984	
				07/23/1984		Applied For
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	<b>├ +</b>	Not Applicable
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26		59-2474673		Additional
Suite. Apt. #,	, etc	Suite, Apt. #, etc.		<ol><li>Certificate of Status Desired</li></ol>	T -	Required
2		27		Election Campaign Financing	\$5.0	<b>О</b> Мау Ве
City & State		City & State		Trust Fund Contribution		d to Fees
3	Country	28 Zip	Country	8. This corporation has liability for	intangible tax under s	. 199.032,
Zip	Country 25	29	30		Yes No	
4	9. Name and Address of Curre			10. Name and Address of New R	egistered Agent	
	3, 11		81 Name			
VETCHEV	, CHARLES F. JR.		82 Street Addin	rese (P.O. Box Number is Not Acceptab	ole)	
101 FAST	r Kennedy Blvd., Suite 240	00				
TAMPA F			83			
(Will V.)	2 00002		84 City		FL  85   2	ip Code
				vision rubmits this statement for the pu		registered office
11. Pursuant to or register familiar wit	o the provisions of Sections 617.05 ed agent, or both, in the State of Fi th, and accept the obligations of, Se	502 and 617.1508, Florida Statut orida. Such change was authoriz ection 617.0503, Florida Statutes	es, the above-named corpored by the corporation's boals.	oration submits this statement for the pu ard of directors. I hereby accept the app	iointment as registere	ad agent. i am
or register familiar wit	ed agent, or both, in the obligations of, Settin, and accept the obligations of, Setting the transfer of registered as	ection 617.0503, Florida Statutes	DTE Fugisterest Agent separative require		DATE	ORS IN 12
or register familiar wit SIGNATURE	Sgnature, typed or personal and trepstoned as OFFICERS /	ection 617.0503, Florida Statutes	OTE Flogisterest Agent signature record	est when Gires (1990)	DATE FIGERS AND DIRECT	ORS IN 12
or register familiar wit SIGNATURE 12. TITLE	Signature, bijed or percentars, of registroid a.  OFFICERS /  TD  STEET, HAROLD	ection 617.0503, Florida Statutes	13.	est when Gires (1990)	DATE FIGERS AND DIRECT	0/6/IN 12
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I do hereby certify that the information supplies with this limits is vocationable to the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

Ivan L. Lawy