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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name N05841

(4)

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27 City & State Status Desired Fee Required Fee Required Status Desired Fee Required Fee Required Trust Fund Contribution Added to Fees Zip Country Status Desired Fee Required Fee Required Status Desired Fee Required Status Desired Fee Required Fee Required Status Desired Fee Required Status Desired Fee Required Fee Requ	HIGHLANDS COUNTY VOITURE 863 40/8, INC.							I HARIKIAN RIK RAJAT AWAK KATIT AWAK	MAN BABAN BIBN	I SIAHI BUAN	0.041	
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DIONNE, EDWARD J. SOI NO. MAIN ST. LAKE PLACID FL 33852 Ba		9. Name and Address of Current	t Registered	Agent					10. Name and Address of New Re	gistered A	gent	
SOI NO. MAIN ST. LAKE PLACID FL 33852 B4 City FL 85 Zp Code 11. Pursuant to the provisions of Sections 817,0502 and 612,1508 Florids Statutes. The above harmed corporation submits the statement for the purpose of changing its registered office or respected agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am an accept the obligations of, Section 617,0503, Florids Statutes. SIGNATURE SIGNATURE SIGNATURE PD RAME RODGERS, GARY SIRRET ADDRESS RODGERS, GARY 13 INSTET ADDRESS SOL AIX SULVE DRIVE LAKE AND FL 33852 THE VD RODGERS, GARY 300 LAKE JUNE DRIVE LAKE AND FL 33852 THE VD RAME ROCCULEY, ROBERT A 33 SILA NE ROAD, WEST LAKE PLACID FL 33852 THE SD ROSE, EDWARD L 34 SIRRET ADDRESS SS M A M D. DELETE TD ROSE, EDWARD L 34 SIRRET ADDRESS SS M A M D. DELETE TD ROME ROSE, EDWARD L 34 SIRRET ADDRESS SS M A M D. DELETE TD ROLLETE TD ROLLETE ST THE DBLETE ST THE SS M AND THE ADDRESS SEBRING FL 33872 CHY-SI-ZP LAKE PLACID FL 33852 THE SS SEBRING FL 33872 CHY-SI-ZP Addition STRETA ADDRESS SCHY-SI-ZP Addition STRETA ADDRESS SCHY-SI-ZP Addition STRETA ADDRESS SCHY-SI-ZP Addition Change Addition Addition STRETA ADDRESS SCHY-SI-ZP Addition Change Addition Addition STRETA ADDRESS SCHY-SI-ZP Addition Change Addition Addition Addition STRETA ADDRESS SCHY-SI-ZP Addition Change Addition Addition Addition Addition Addition Addition Addition STRETA ADDRESS SCHY-SI-ZP Addition STRETA ADDRESS SCHY-SI-ZP Addition Change Addition Addition Addition Addition Addition Addition Addition Change Addition Addition Addition Addition Addition Change Addition						81	Name					
B3						82	Street	Addres	s (P.O. Box Number is Not Acceptable)		
Ball City FL 85 Zip Code				!								
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing as registered agent, if an interest of the obligations of Section 617.0503. Florida Statutes, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503. Florida Statutes. SIGNATURE By OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGE'S 10 OFFICERS AND DIRECTORS IN 12 THE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGE'S 10 OFFICERS AND DIRECTORS IN 12 THE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGE'S 10 OFFICERS AND DIRECTORS IN 12 THE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGE'S 10 OFFICERS AND DIRECTORS IN 12 THE PD OFFICERS AND DIRECTORS IN 12 THE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGE'S 10 OFFICERS AND DIRECTORS IN 12 THE PD OFF	LAKE PI	LACID FL 33852										
11. Pursuant to the provisions of Sections B17 ORD2 and 617:1508 Fortias Statutins, the above-harned corporation submiss this statement for the purpose of changing ats registered office or regetered agent, or both, in the State of Friends. Such change was without notice that the comporation is board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 617:0503. Florida Statutes. SIGNATURE 12.						84	City			FI	85 Zip	Code
SIGNATURE	11. Pursuant t	to the provisions of Sections 617,0502	and 617.150	8, Florida Statut	es, the abo	ve-r	named co	orporati	ion submits this statement for the purp	nse of chan	ging its re	gistered office
12. OFFICERS AND DIFFCTORS DISTRICT AND PROCESS DISTRICT AND PRO	or register familiar wil	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	la. Such char on 617.0503,	ige was authori <i>z</i> . Florida Statutes	ed by the : s.	corp	oration's	board	of directors. I hereby accept the appoin	ntment as re	egistered :	agent. I am
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		by certify that the information supplied v	vith this filina	is voluntarily furn				alify for	the exemption stated in Section 119.0	7(3)(k). Flori	da Statute	es. I further

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 oath; that I am an officer or director of the corporation or the receiver 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 eq an attachment with an address. SIGNATURE: SRUNANGE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-26-96 Date