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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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rincipal Place of Business	Mailing Address		i seriliər dil detai ləbəri diləti il	LOGY NYON DITNY BURIN BYBIL BYTH	
37 L EL RED DRIVE 250 EL RED DRIVES	37 L EL RED DRIVE				
TAVARES FL 32778	TAVARES FL 32778 US				
us			Date Incorporated or Qualified	3a. Date of Last	Report
Principal Place of Business	2a. Mailing Address		04/03/1985	03/03/1	995
,	26 26		4. FEI Number 59-2655255	 	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.				Not Applicable
	27		5. Certificate of Status Desired		Additional Required
City & State	City & State		6. Election Campaign Financing		O May Be
Zip Country	28		Trust Fund Contribution		d to Fees
25	Ζφ [29]	Country	8. This corporation has liability for	r intangible tax under s.	199.032,
9. Name and Address of C		30		Yes No	
		81 Name	10. Name and Address of New	Hegistered Agent	
MINKOFF, SANFORD A.		82 Street A	(5)		
C/O MINKOFF & MC DANIEL, P.A.		oz Street v	Address (P.O. Box Number is Not Accepta	ible)	
226 WEST ALFRED STREET		83			
TAVARES FL 32778		84 City			
Dura cost to the		1 1 - 7			Code
 Pursuant to the provisions of Sections 617 or registered agent, or both, in the State of familiar with, and accept the obligations of 	.0502 and 617.1508, Florida Statuli f Florida -Such change was authoriz	es, the above named cor	poration submits this statement for the pu	rpose of changing its re	egistered offic
IdDilliar With and accept the obligations of					
	Section 617.0503, Florida Statutes	3	poard of 6-rectors, I nereby accept the app	cointment as registered	agent. I am
GNATURE		3	sected on one of the app	oointment as registered	agent. I am
GNATURE Signature, typped or printed name of registere		S DTE: Registered Agent signature req	guined when reinstalving).	DATE	agent. I am
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Signature Signature broad or printed name of registere OFFICER PD GOODWIN, DON	c agent and tille if applicable INC SIAND DIRECTORS	S DTE: Registered Agent signature risg 13.	guined when reinstalving).	DATE	agent. I am
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Signature Signature broad or protest name of registere OFFICER E PD GOODWIN, DON 9 A EL RED DR. TAVARES FL	o agent and title if applying to INC S AND DIRECTORS	13. 1.1 TillE 1.2 NAME 1.3 STREE! ADDRESS 1.4 CITY-ST-ZIP	pured when reinstatings ADDITIONS GHANGES TO OFF	DATE FICERS AND DIRECTOR	RS IN 12
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Signature: bried or printed name of registere . OFFICER E. PD GOODWIN, DON EET ADDRESS 9 A EL RED DR. TAVARES FL VPD LEWIS, DICK	o agent and title if applying to INC S AND DIRECTORS	13. 11. Title 12. NAME 13. STREEL ADDRESS 14. CITY-ST-ZIP 21. TITLE 22. NAME	ADDITIONS CHANGES TO OH VPD Don Meadows	DATE DATE FICERS AND DIRECTOR Change	agent. I am
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SNATURE Signature, bysid or printed name of registere COFFICER E B GOODWIN, DON 9 A EL RED DR. TAVARES FL VPD LEWIS, DICK 21 D EL RED DR. TAVARES FL SO SHAPE, JOAN 31D EL RED DRIVE TAVARES FL TO JONES, MARY LOU 37 L EL RED DRIVE TAVARES FL BM MAYER, RUTH 14 A EL RED DRIVE	C agent and tile if apply agen S AND DIRECTORS DELETE DELETE DELETE	13. 1.1 Title 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TITLE 4.2 NAME 4.3 STREET ADDRESS 34 CITY - ST - ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 51 TITLE 52 NAME 53 STREET ADDRESS	VPD Don Meadows 27 D El Red Dr.	DATE FICERS AND DIRECTOR Change \$2778 Change	Addition Addition
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SIGNATURE: May for Johnson 3/18/96 (352)343-3807