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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

FILED Feb 27 1997 8:00am Secretary of State

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Suite, Apt #, etc. 26 Suite, Apt #, etc. Suite, Address (P.O. Box Number is Not Acceptable) 11. Pursuant is the processor of Successor et 17,550, Florida Statutes, Interaction applies of Post participation applies of Post parti							3. Date Incorporated or Qualified 10/01/1986	3a. Date	e of Last Re 4/29/199	∍port 6
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SCHWARTZ, PHILIP G. -920 SOUTH HIGHLANDS ST MT. DORA FL 32757 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agont, or both, or the State of Florida Such change was authorized by the corporation's board of directors. I hypriby accept the appointment as register agent at any private and adopting to eligible for the purpose of changing its register of agont, and appointment as register agent and appointment as registers agent at any provision of Jacobs and 17,050, Florida Statutes. SIGNATURE Description of agont and eligible for the purpose of changing its register agent and appointment as registers agent at any provision of the purpose of changing its register agent and appointment as registers agent at any provision and adopting to gloss and 17,050, Florida Statutes. SIGNATURE Description of agent and appoint agent and appointment as registers agent at any provision and adopting to gloss and approving a state and appoint agent as a point and appointment as registers agent at any provision and any provision of the purpose of changing its register agent and appointment as registers agent	Zip	 	Zip	—	ntry		8. This corporation has liability for	ntangible t	ax under s.	
SCHWARTZ, PHILIP G. -920 SOUTH HIGHLANDS ST MT. DORA FL 32757 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent Lam Ingility units and appointment as registerer agent Lam Ingility				1001						
-920 SOUTH HIGHLANDS ST MT. DORA FL 32757 83					81 Name					
MT. DORA FL 32757					82 Street	et Address (P.O. Box Number is Not Acceptable)				
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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 13 if changed, onon an attachment with an address.

Daytime Phone # 0014306