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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

ENT # N17848

(5)

incipal Place		Mailing Address 3436 BROOKRIDGE LN					
ARRISH FL 3	4219	PARRISH FL 34219 US					
JS		00			3. Date Incorporated or Qualified 11/19/1986	3a. Date o	of Last Report /21/1995
Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 65-0021825		Applied Fo
Suite, Apt. #	etc.	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75 Addition
		27 Ct & Ctata					Fee Required \$5,00 May Be
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	U	Added to Fees
Zip	Country	Zip	Country 30		This corporation has liability for Florida Statutes	r intangible tax u	inder s. 199.032,
	25   9. Name and Address of Currer	29 Agent	30		10. Name and Address of New		
	9. Name and Address of Curren	it negistered Agent	81	Name			
I FMNITZI	ER, JANE T.		82	Strout Ado	dress (P.O. Box Number is Not Accepta	ible)	
	OOKRIDGE LANE	82 Street A		Street Add	adress (P.O. Box Number is not Acceptable)		
	FL 34219		83				
			84	City			85 Zip Code
				i '		FL ]	to a the annulate and
1. Pursuant t	o the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ited the above t	named como	bration submits this statement for the pu	urpose of chang	nietarad agant 1 s
	ad against or both in the State of Flor	ida. Such change was author	ized by the corp	oration's bo	ard of directors. I hereby accept the ap-	pointment as ret	gistored agent. Te
or registers	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	ida. Such chance was author	izea by the corp	oration's bo	ard of directors. I hereby accept the app	powkinent as res	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME SIGNATURE AND TYPED OR PRINTED NAME SIGNATURE OF DIRECTOR

4-15-96

941-776.2430 Daytime Prone!

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