## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N21860

(4)

2. Principal Place of Business 21 762 SAILFISH PRIVE 26 762 SAILFISH PRIVE 43-1259211  No. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.	61.25
2616 BYRON CIRCLE TALLAHASSEE FL 32308  3. Date Incorporated or Qualified 08/03/1987  2. Principal Place of Business 3. Date Incorporated or Qualified 08/03/1987  2. Principal Place of Business 3. Date Incorporated or Qualified 08/03/1987  4. FEI Number 43-1259211  Suite, Apt. #, etc.  Suite, Apt. #, etc.	61.25
2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Fell Number 43-1259211 No.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.	
762 SAILFISH PRIVE 26 762 SAILFISH PRIVE 43-1259211 No. Suite, Apt. #, etc. Suite, Apt. #, etc. Soute, Apt. #, etc.	e
Suite, Apt. #, etc. Suite, Apt. #, etc. 5 Codificate of Status Degree \$8.75 /	oplied For of Applicable
27 F96 H6	equired
City & State  Trust Fund Contribution  City & State  City & State  Trust Fund Contribution  \$5.00  Added:	May Be to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 1 4 3 25 48 25 0 FA G G A 29 3 3 5 45 30 0 KA G IA Florida Statutes Yes 18 No	99.032,
24 3 25 V8 25 OFA W.C.F.A 29 3 3 5 48 30 OKALL. IA Florida Statutes Yes 🗵 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name THEOREK G. SCHWETT ? IN III	
MCMURRY, CHARLES A.  82 Street Address (P.O. Box Number is Not Acceptable)	
1367 F. LAFAYETTE ST.	
TALLAHASSEE FL 32301 83 762 SAILFISH DRIVE	-
	Code 2 5 4 5'
the statement for the purpose of changing its re-	nistered office
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation stormis this statement for the purpose of changing its or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.</li> </ol>	igent. I am
familiar with, and accept the obligations of, Section 67.0503, Florida Statutes.	1986
SIGNATURE Signature, typed or printed name of registered agent and the if application (NOTE Registered Agent signature required when reinstating)  DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS  THE DELETE 11TIBLE Change	RS IN 12 Addition
	☐ Addition
NAME SCHWEITZER, THEODORE G.  12 NAME 13 STREET ADDRESS P. D. ROY 9146 N/A 13 STREET ADDRESS	
THE DIST II DOCA	1
CITY-ST-ZIP HUNLBURI FL 32544 T4 CHY-ST-ZIP  TILE D DELETE 21 TILE	Addition
NAME SCHWEITZER, DOROTHY 22 NAME	
STREET ADDRESS 2616 BYRON CIRCLE 23 STREET ADDRESS	n
CITY-ST-ZIP TALLAHASSEE FL 32308 2 4 CITY-ST-ZIP Change	Addition
	7
NAME STEVENS, CHARLOTTE 32 NAME STREET ADDRESS 1559 PINEVIEW DRIVE 33 STREET ADDRESS 32 NAME 3	
CITY ST-73P TALLAHASSEE FL 32301 34 CITY ST-73P	
TITLE DELETE 41 TITLE D	Addition
NAME LE, HANG T.	İ
NAME STREET ADDRESS CITY-ST-ZP  4 2 NAME  4 2 NAME  4 3 STREET ADDRESS P 6 6 × 9/46 P 4 CITY-ST-ZIP P RURLGURT AFF, FC 3 2 5 4 Y	
C TOPI ETE EL TIPE	Addition
NAME 52 NAME	
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CITY-ST-ZIP 54 CITY-ST-ZIP	T Addition
TITLE DELETE 61 TITLE Change	Addition
NAME  6 2 NAME  6 3 STREET ADDRESS	
4.07.07.00	
the state of the s	s. I further
certify that the information indicated on this annual report or supplemental annual report is true and accurate and true my signature and may the same logic block as a cath; 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.	t my name
SIGNATURE: Short 4. Afril to 17 Januar 1996 9242	47-8488

17 Janus 1916 94247-8488