COF	ONPROFIT RPORATION UAL REPORT 1996	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State			
DOCU 1. Corporation	MENT # N2282	23 (1)				
CRE	ATION, INC.			1 (DE)((DE (CE ((DE) DED) (DE) (DE)	å liki ålåki blaik alak blak	ı Binir Tidəi (Ağı
Principal Plac	ce of Business	Mailing Address				
% REV. S.T. HARRIS JR.% REV. S.T. HARRIS JR.1106 PINEDALE DR.1106 PINEDALE DR.PLANT CITY FL 33566PLANT CITY FL 33566					T	
				3. Date Incorporated or Qualified 10/01/1987	3a. Date of Last R 03/31/1	
2. Principal F 21	Place of Business	2a. Mailing Address 26		4. FEI Number NOT APPLICABLE	<u> </u>	oplied For ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	, H. W	5. Certificate of Status Desired	1 1 7 7	Additional
City & Star	te	City & State		Election Campaign Financing     Trust Fund Contribution	<b>55.00</b>	May Be to Fees
Zip	Country 25	Zip	Country	8. This corporation has liability for it		
<u> </u>	9. Name and Address of Curren			Florida Statutes  10. Name and Address of New Rec		
HARR	IS, S.T., JR.		81 Name			
1106	PINEDALE DRIVE			Iress (P.O. Box Number is Not Acceptabl	e) 	
PLAN	T CITY FL 33566		83	············	F *****	
44 8			<b>84</b> City		FLII	Code
office or agent. La	registered agent, or both, in the State am familiar with, and accept the obliga	2 and 617.1508, Florida Statutes of Florida. Such change was aut ations of, Section 617.0503. Florid	, the above-named corp horized by the corporati da Statutes.	poration submits this statement for the pulion's board of directors. I hereby accept	rpose of changing its the appointment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered age		<u> </u>			
40		ot and title if applicable (NOTE:	Hedislarad Adant sidoatura redivi	ired when reinstation)		
12.	OFFICERS ANI	O DIRECTORS	Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	OFFICERS ANI	.,	13. 1.1 TITLE			Addition
	OFFICERS ANI D HARRIS, S.T., JR. 1106 PINEDALE DR	O DIRECTORS	13.		ERS AND DIRECTOR	Addition
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