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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996 2-5-96

DIVISION OF CORPORATIONS /6

DOCUMENT # N28945

Principal Place % TROY E. St. 611 S. COLLIN	URRENCY	Mailin	g Address OY E. SURRENCY S. COLLINS ST.						
PLANT CITY F			T CITY FL 33566				Date Incorporated or Qualified 10/20/1988	3a. Date of L 01/20	ast Report)/1995
2. Principal Pla	ace of Business	2a. M.	ailing Address				4. FEI Number 59-2974148		Applied For Not Applicable
Suite, Apt. 4	#, etc.	27	uite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 -	.75 Additional ee Required
City & State	9	28	ty & State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Z _I p 24	Country 25	29 2 9		Cour 30	ntry			Yes 🝱 No	
	9. Name and Address of Curr	ent Register	ed Agent				10. Name and Address of New Re	gistered Agent	
					81 Na	ame			
	CY, TROY E OLLINS ST.			Ì	82 St	reet Add	Iress (P.O. Box Number is Not Acceptable)	
	CITY FL 33566				83				
					84 Cit	ty		FL 85	Zip Code
	1 0 - 1 0 - 1 0 - 1 0 - 1 0 - 1 0 - 1 0 - 1 0 0 0 0	:00 == 4 C 1 7 1	EOR Florida Status	too the above	vo parac	ad corpo	oration submits this statement for the purp		its registered office
or register	red agent, or both, in the State of Fk	orida. Such c t	iange was authori.	ized by the c	orporati	ion's box	ard of directors. I hereby accept the appoin	ntment as regist	ered agent. I am
familiar wi	ith, and accept the obligations of, Se	ection 617.050	03, Florida Statute	is. 1	-41	1.		10200	,
SIGNATURE :	Signature, typed or printed name of registered ag		OFFICE		72	de	1111111111111111111111111111111111111	- 10 AD	
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12.		AND DIRECTO	DRS	IOTE Registered			ABDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRE TOTAL	
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TITLE NAME	OFFICERS A BACA, SAM V	AND DIRECTO	DRS	13.6 1 1 1 1 1 1 2 NA	LE ME		ABOITIONS/CHANGES TO OFFICE President Chief Raymond Frankos	x⊠Cha ki	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Troy E. Surrency Secretary Iteraturer

SIGNATURE: O1-17-96 (813) 757-9200

Day Time Prizone •