NONPR	CE: CORPORATION WILL BE DI EFORE 8/7/96: \$61.25 (IF DISSOLV COFIT	FLORIDA DEPARTME	ENT OF STATE	/**   **	)
CORPOR	ATION ATION	Sandra B Mo	ortham		
ANNUAL R	REPORT	Secretary of DIVISION OF COR		\$5.88 J.p.	F# 1:05
199	96				
OCUMENT # N34906 (0)				TALL A TOP	
MICCOSU	ikee Christian Cente				
incipal Place of Bu	usiness	Mailing Address			
RT 7 BOX 902 A 6757 HMY. 59 N TALLAHASSEE FL 32308		6757 HWY. 59 N. Tallahassee Fl. 32308		3. Date Incorporated or Qualified 10/26/1989	1 00/01/1990
Principal Place	of Business	2a. Mailing Address		4. FEI Number 59-2982588	Applied For Not Applicable
. Principal Place of Business		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc		27 City & State	<u> </u>	6. Election Campaign Financing	\$5.00 May Be
City & State	. <del>- = -</del>	28	Country	Trust Fund Contribution  8. This corporation has liability for	Added to Fees or intangible tax under s. 199.032
Zip	Country	Zip 3	Country 30	This corporation has liability for Florida Statutes     Name and Address of New R	Yes No
9	9. Name and Address of Curren	[29]	81 Name	10. Name and Address of New F	
			1 - 1	dress (P.O. Box Number is Not Accepte	able)
LAMB, FRA 2602 JACI	KSON BLUFF ROAD		<u> </u>		
TALLAHASSEE FL 32310			83		85 Zip Code
•			84 City		
11 Directant to the		W and 17 1500 Florida Statute	4S. THE SHOWN ROWS AND	(poration addition this statement for the	ent the anhousement or reciptored
_	Solute brined or printed name of registered ag	gent and title if applicable (NOTE	E. Registered Agent signature rec	rporation submits this statement for the ation's board of directors. I hereby accellent the statement for the ation's board of directors. I hereby accellent the statement for the ation's board of th	FFICERS AND DIRECTORS IN 12
_	nature, typed or printed name of registered ag OFFICERS AN	17	ss, the above-named cor- uthorized by the corporal yida Statutes.  IE Registered Agent signature rec.  13.  1.1 TITLE		epf the appointment as registered  Unite  FFICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE SIGNATURE 12. TITLE	nature, typed or printed name of registered ag OFFICERS AN	gent and title if applicable (NOTE	13. 1.1 TITLE 1.2 NAME		FFICERS AND DIRECTORS IN 12
SIGNATURE SIO	OFFICERS AND FRANK, LAMB JR 6757 HWY. 59 N.	gent and title if applicable (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		FFICERS AND DIRECTORS IN 12 Change Addition
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