	ONPROFIT PROPORATION NUAL REPORT 1996	Sa Se	DEPARTMENT andra B. Mortha ecretary of Sta N OF CORPOR	nam ate				
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Principal I	Place of Business	Mailing Address			01/	/02/1992		1/1995
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Suite, Apt.		Suite, Apt. #, etc	2.			of Status Desired		5 Additional
City & Stat	ite	City & State			6. Election C	Campaign Financing	Lee	Required May Be
Zip	Country	28 Zip	Coi	untry	Trust Fund	d Contribution oration has liability for i	Add	led to Fees
	9. Name and Address of Current	29 t Registered Agent	30	· 7 - 	Florida Sta	atutes [Yes No	# S. 199.032,
	-	. 1 10 21-01-01		81 Name		d Address of New Re	gistered Agent	
THOM				81 Name		IN IN ME 14 M		
2031 1	IPSON, LISA NW 4TH COURT			82 Street	Address (P.O. Box Nu	mber is Not Acceptable	ile)	
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