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

DOCU 1. Corporation	IMENT # N9300	0000312 (9	9)		
	RICA PRESERVATION, INC.	`	•	2 (10 (11 0) 0 (0 10 (10 11) 0 27 (4 0 0 27) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	H BBNG BBNAB 1118s stalb 112s sabi
Principal Plac	ce of Business	Mailing Address			
ŕ		Mailing Address			r sammanne (men traff fill 1981
% I.J. VAUGHN 777 HARBOUR ISLAND TAMPA FL 33602		% LAVINIA VAUGHN P.O. BOX 3239 TAMPA FL 33601		Date Incorporated or Qualified 3a. Date of Last Report	
				01/25/1993	03/22/1995
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt, #, etc.		59-3179952	Not Applicable
22	. n ₁ 0to.	27 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country	8. This corporation has liability for intangible	
£4]	9. Name and Address of Currer	29 1t Registered Agent	30	Florida Statutes Yes 10. Name and Address of New Registere	
		g	81 Name	TO. Hame and Address of New Registers	o Agent
VAUGH	IN, LAVINIA J		20 00 1411		
777 HARBOUR ISLAND BOULEVARD			82 Street Add	lress (P.O. Box Number is Not Acceptable)	
SUITE 700			83		
TAMPA	FL 33602		84 City		as Za Cada
44 0				F	L 85 Zip Code
or registe	to the provisions of Sections 617.0502 ered agent, or both, in the State of Flori	? and 617.1508, Florida Statu da. Such change was authori	ites, the above-named corporated by the corporation's boar	ration submits this statement for the purpose of c rrd of directors. I hereby accept the appointment	changing its registered office
familiar w	vith, and accept the obligations of, Sect	ion 617.0503, Florida Statute	s.	To all disorders. Thereby accept the appointment	as registered agent. Fam
SIGNATURE	Signature, typed or printed name of registered agent	and title if any liceble (N	O1E: Registered Agent signature require		
12.	OFFICERS AN		13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	VID DIRECTORS IN 12
TITLE	D/P	[]]DELETE	1.1 TITLE	7 - 2 - 1 - 2 -	Change Addition
NAME	TUBBS, MICHAEL E		1.2 NAME		
STREET ADDRESS	15916 DOVER CLIFF DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		1.4 CITY-ST-ZIP		
TITLE	DVT	DELETE	2.1 TITLE		Change Addition
NAME	PHOENIX, HEART A		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	3232 SW 35 BLVD #121		2.3 STREET ADDRESS		
TITLE	GAINESVILLE FL DAVS	DELETE	2. 4 CHTY - ST - ZIP 3.1 TITLE		F3.0: F3.4.11
NAME	PHOENIX, RAIN		3.2 NAME		Change Addition
STREET ADDRESS	3232 SW 35 BLVD. #121		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		34. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE NAME		DELETE	5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5 3 STREET ADDRESS		į
TITLE		DELETE	54 CHY-ST-ZIP 6.1 TITLE		Change Claddin-
NAME			6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City - St - 7/P		
oath; that	by certify that the information supplied vit the information indicated on this annu- I am an officer or director of the corpor of Block 12 or Block 13 if changed or or	ration or the receiver or truste	nished and does not qualify fo loal report is true and accurate se empowered to execute this	or the exemption stated in Section 119.07(3)(k), F te and that my signature shall have the same legs s report as required by Chapter 617, Florida Statu	lorida Statutes. I further all effect as if made under utes; and that my name

SIGNATURE: MILL SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT

5-24-96 (813) 247-4225
Date Date Deptime Prione •