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cor	RPORATION UAL REPORT 1996	Sandra E Secreta	RTMENT OF STATE B. Mortham ry of State CORPORATIONS			
DOCU 1. Corporatio	MENT # #93000	0002574				
FLORI	DA DIVISION OF T	WE INITED AVA-	CIANIA			
ASSO	CIATION FOR ID	THE TOTERIUM	-			
D	CITITOTO TOR LO		. INC			
	N.W. 36 Th ST.	Mailing Address 4471 W	w. 36 th 5	7		
SUITE	214	SUITE 2	14			
	1 SPRINGS, FL 33166	MIAMI S	PRINGS, FL 33	3. Date Incorporated or Qualified JUNE 1, 1993	3a. Date of Last	
2. Principal P	Place of Business	2a. Mailing Address		FEI Number	7	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		65-043445		Not Applicable
22		27		5. Certificate of Status Desired		5 Additional Required
City & Stat	е	City & State		. 6. Election Campaign Financing	\$5.0	May Be
23 Zip	Country	28		Trust Fund Contribution	Adde	d to Fees
24	25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 🗋 Yes 💌 No	. 199.032,
***	9. Name and Address of Current		501	10. Name and Address of New R		· · · · · · · · · · · · · · · · · · ·
WILL	IAM H. M. QUAY		81 Name			
447	1 200	_	82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
7-7	1 N.W. 36 Th ST		83			
MIK	ami springs, FL	33166				
	• •		84 City		A = -2:	
			84 City		85 Zir	p Code
11. Pursuant	to the provisions of Sections 617.0502 a	and 617 1508. Elorido Statutos	the above arrest	oration submits this statement for the pur	<u> </u>	
11. Pursuant or registe familiar w	to the provisions of Sections 617.0502 a red agent, or both, in the State of Florida ith, and accept the obligations of, Section	and 617 1508. Elorido Statutos	the above arrest	oration submits this statement for the purporard of directors. I hereby accept the appo	<u> </u>	
11. Pursuant or registe familiar w SIGNATURE	ith, and accept the obligations of, Section	nd 617.1508, Florida Statutes, Such change was authorized n 617.0503, Florida Statutes,	the above-named corp by the corporation's bo	M'Ouay	pose of changing its reintment as registered	registered office I agent. I am
familiar w	to the provisions of Sections 617.0502 at red agent, or both, in the State of Fiorida rith, and accept the obligations of, Section Signature. Typod or printed name of registered agent and OFFICERS AND I	nd 617.1508, Florida Statutes, . Such change was authorized n 617.0503, Borida Statutes. Washington of the change	, the above-named corp by the corporation's bo	M COURY ired when feinstaing)	pose of changing its reintment as registered	registered office I agent. I am
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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), Fiorida 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 305-885-9177
Date Devime Phone #

CR2E037 (12/95)