## FILE NOW: FILING FEE IS \$61.25

\*NOMPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # N9300004677

Principal Place of Business  Mailing Address  3. Date Incorporated or Qualified 10 18 93  2. Principal Place of Business  3. Date Incorporated or Qualified 10 18 93  4. FEI Number 59-324159  Not Applied For Not Applicable Suite, Apt. #, etc.  Suite, Apt. #, etc.	MARS	INAR PLACE C	Owkom the Lu					
2. Princetor Place of Business 21								
2. Montpol Place of Bouness 21								
2. Montpol Place of Bouness 21								
2.   Principal Place of Blueness   20.   Malling Andress   23.   Malling Andress   24.   Sept.   3.   3.   4.   5.   5.   5.   5.   5.   5.   5							3a. Date of Last	Report
21   MS   MARKSON AUX   88   SIGN FUNCTIONS & STATE   SIGN AND REPORT   SOURCE   S	2 Principal P	lace of Rusiness	20 Mailing Address				<u> </u>	
Solite April 1, etc.    Solite April 1, etc.			<del></del>		- 0.		. +	····
Sometiment of Status Desired   Status	Suite, Apt.	#, etc.		F/U5 A	E KN	31-137	4	
City & State  29 PAYMWA CTY PL 28 COUNTY  29	22		<u> </u>			5. Certificate of Status Desired		
20			City & State		6. Election Campaign Financing \$5.00 May Re			
### ABORS SCOTT T  ### STEEL ADDRESS   SCOTT T   ###	23 PAVY	IMA CITY PL				Trust Fund Contribution	1 1	
### ABORS SCOTT T  ### STEEL ADDRESS   SCOTT T   ###	<sub>ສາ</sub> _	Country		····· . ′		_		. 199.032,
BI   Name	24 - 2 -	9. Name and Address of Curren		30 4	54			
PAD   PAD   B8   City   FL   B5   Zip Code				81	Name	TO: I VALIDO BILO ACCIOSS CI 110W HE	gistered Agent	
PANNWA C17T, F.C. S270   86   City   FL   85   Zip Code	ha n n a a a n a a					10.0.0		
PANNWA C17T, F.C. S270   86   City   FL   85   Zip Code	IVADORS, SCOTT T				82 Street Address (P.O. Box Number is Not Acceptable)			
PANNWA C17T, F.C. S270   86   City   FL   85   Zip Code	456	- HARRISON AU	ñ.	83	<b>——</b>			
11. Pursuant to the provisions of Sections 617,0503 Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered office for registered agent, to bring in the State of Florids. Suit of the corporation's board of directors. Thereby accept the appointment as registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the purpose of changing its registered agent. I am statement for the decisions of change in a decision in a statement for the purpose of changing its registered agent. I am statement for the decisions of changing its registered agent. I am statement for the decisions of changing its registered agent. I am statement for the decisions of changing its registered agent. I am statement for the decisions of changing its registered agent. I am statement for the corporation of changing its registered agent. I am statement for the corporation of changing its registered agent. I am statement for th	. O.			9.4	City			
SIGNATURE Symbol by the Composition's Doard of director's Thereby accept the appointment as registered agent. I am familiar with composition's Doard of director's Thereby accept the appointment as registered agent. I am familiar with composition's Doard of director's Thereby accept the appointment as registered agent. I am familiar with a property accept the appointment as registered agent. I am familiar with a property accept the appointment as registered agent. I am familiar with a property accept the appointment as registered agent. I am familiar with a property accept the appointment as registered agent. I am familiar with a property accept the appointment as registered agent. I am familiar with a property accept the appointment as registered agent. I am familiar with a property accept the appointment as registered agent. I am familiar with a property accept the appointment as registered agent. I am familiar with a property accept the appointment as registered agent. I am familiar with a property accept the appointment as registered agent. I am familiar with a property accept the prope								
12.   CFFICERS AND DIRECTORS   13.   AODITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 12	_ Uriegister	red agent, or both, in the State of Florid	ia. Such change was authorized	, the above- i by the corp	named corp oration's bo	poration submits this statement for the purpoperd of directors. I hereby accept the appo	ose of changing its r ntment as registered	registered office d agent. I am
12. OFFICERS AND DIRECTORS 13. ACCUITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PS DELETE 11 TITLE	SIGNATURE	Stonature Noted or printed name of registered agents	Arres fello di arreali, schico (MaCrifia	Projectoral A v.	of reach an area	Section of the second section		
THE   STEET ADDRESS   STREET ADDRESS	12.				it signature resp			DRS IN 12
SIRET ADDRESS  GITY ST-ZIP  DOTHAN, A 348	TITLE	PS	DELETE	1.1 THILE				
City-St-2P	NAME	SHAW STEVEN D		1.2 NAME			_	_
CITY_ST_2P	STREET ADDRESS	3104 FOYRIDGE	ک۵	1.3 STREET	ADDRESS			
NAME STREET ADDRESS S		DOTHAN, A . 34803		1.4 CITY - S1 - ZIP				
23 STREET ADDRESS   32 0		DELETE		2 1 TITLE			☐ Change	☐ Addition
City-St-ZiP								
DELETE   31 TITLE   Change   Addition		DECC POARISEE KD						
NAME STREET ADDRESS CITY-ST-ZIP DOTHNAD, AL 3430  DELETE A1 TITLE A2 NAME A4 CITY-ST-ZIP  TITLE A4 CITY-ST-ZIP  TITLE A4 CITY-ST-ZIP  TITLE A5 STREET ADDRESS CITY-ST-ZIP  TITLE A4 CITY-ST-ZIP  TITLE A5 STREET ADDRESS CITY-ST-ZIP A4		STN STRIP				Choose	☐ Addition	
STREET ADDRESS CITY-ST-ZIP DOTRING AL 3630  DELETE  A1 TITLE A2 NAME A2 STREET ADDRESS CITY-ST-ZIP  TITLE DELETE A3 STREET ADDRESS CITY-ST-ZIP  TITLE DELETE A4 CITY-ST-ZIP A4 CITY-ST-ZIP TITLE B1 DELETE B1 TITLE B2 DELETE B4 CITY-ST-ZIP Change Addition Ad		<del>-</del>		4				T1 vagurari
City-St-ZiP	STREET ADDRESS	3 IDW POWETARE SA						
Title	CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  51 TITLE  STREET ADDRESS STREET ADDRES	TITLE	DELETE		-			Change	☐ Addition
CITY-ST-ZIP  NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE S S STREET ADDRESS CITY-ST-ZIP  TITLE S S STREET ADDRESS CITY-ST-ZIP S S S S S S S S S S S S S S S S S S S	NAME			4. 2 NAME				
TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  S1 TITLE  S2 NAME    S3 STREET ADDRESS  CITY-ST-ZIP  S4 CITY-ST-ZIP  S6 STREET ADDRESS  S7 STREET ADDRESS  S4 CITY-ST-ZIP  S6 STREET ADDRESS  S7 STREET ADDRESS  S8 ***70.00  Change   Addition    Addition    Addition    STREET ADDRESS    S1 TITLE    Change   Addition    STREET ADDRESS    S6 STREET ADDRESS    C1TY-ST-ZIP  S6 CITY-ST-ZIP  S6 CITY-ST-ZIP  S6 CITY-ST-ZIP  S6 CITY-ST-ZIP  S6 CITY-ST-ZIP  S7 STREET ADDRESS    S6 CITY-ST-ZIP  S7 STREET ADDRESS    S6 CITY-ST-ZIP  S6 CITY-ST-ZIP  S6 CITY-ST-ZIP  S7 STREET ADDRESS    S6 CITY-ST-ZIP  S6 CITY-ST-ZIP  S7 STREET ADDRESS    S6 CITY-ST-ZIP  S7 STREET ADDRESS    S8 STREET ADDRE	STREET ADDRESS			4.3 STREET	ADDRESS			
NAME  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  S1 STREET ADDRESS S1 STREET A				4.4 CITY - S	1 - ZIP			
CITY-ST-ZIP \$4 CITY-ST-ZIP \$\pm\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								Addition
CITY-ST-ZIP \$4 CITY-ST-ZIP \$\pm\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						500001868865		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  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)(b). Flooda Statutes   further	1					_UD/ZU/36U10; ***70_00	:1028	
NAME  STREET ADDRESS CITY-ST-ZIP  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 07/3i(k). Flooda Statutes   further					I - ZIP	ማ ጥጥ ፣ U • UU	[705	D Azer-
STREET ADDRESS CITY-ST-ZIP  63 STREET ADDRESS 64 CITY-ST-ZIP  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 07/3i(k). Floorida Statutes   further			Portrit				☐ Change	LT Addition
CITY-ST-ZIP  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)(b). Floods Statutes   further					ADODESC		~ IC	7
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)(b). Floods Statutes   further	İ						(2-1	TV-
	14. I do hereb	y certify that the information supplied w	rith this filing is voluntarily furnish	ned and doe	s not qualify	for the exemption stated in Section 119.0	7(3)(k), Flonda Statu	os. I further

certify that the information indicated off this artificial report of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$ 10 96 334 793-7627