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

N95000000970 (2) DOCUMENT #

CARLETON	DECOURAGE	INIO
PARMION	RESOURCES.	INC.

Principal Place of Business Mailing Address



1625 MAYTO OSTEEN FL		1625 MAYTOWN RD OSTEEN FL 32764		3. Date incorporated or Qualified 02/28/1995	3a. Date of Last Report
- 6	and Discious	A. Mail on Addison		4. FEI Number	Applied For
2. Principal Pii 21	ace of Business	2a. Mailing Address		59-3360478	Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc	<del>-</del>		\$8.75 Additional
2	#, Old.	27		5. Certificate of Status Desired	Fee Required
Oity & State	9	City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	7 p	Country 30		Yes 🔀 No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New I	Registered Agent
			81 Nan	ne	
	H, HANSEN & MORRIS, P.A. CLYDE MORRIS BLVD			et Address (P.O. Box Number is Not Acceptal	ple)
SUITE 3	<del></del>		[83]		
DAYTON	NA BEACH FL 32119		84 City		85 Zip Code
				corporation submits this statement for the pu	
SIGNATURE .	· · · · · · · · · · · · · · · · · · ·	ID DIRECTORS	13.		DATE HOERS AND DIRECTORS IN 15 Change Addition
TRILE	DP	DEFELE	1 1 111LE		Change Modition
NAME	SCHROEDER, CHARLES E 1625 MAYTOWN RD		1.2 NAME 1.3 STREET ADORES	75	
STREET ADDRESS CITY-S1-ZIP	OSTEEN FL 32764		1 4 CHY+ST-ZIP	13	
TITLE	DV	DELÉTE	2.1 ft/t.€		Change Addition
NAME	SVENSSON, LENNANT S		2.2 NAME		
STREET ADDRESS	1625 MAYTOWN RD		2.3 STREET ADDRES	ss	
CITY-ST-ZIP	OSTEEN FL 32764		2 4 C(TY-ST-Z)P		
THILE	DST	□ DEL€TE	3 1 1111 F		Change Addition
NAME	FRIEDRICHS, MICHAEL R		3.2 NAME		
STREET ADDRESS	1625 MAYTOWN RD OSTEEN FL 32764		3.3 STREET ADDRES	SS	
CITY - ST - ZIP TITLE	OSTEEN TE SE704	DELETE	3.4 CITY ST ZIP		Change Addition
NAMÉ			4 2 NAME		_ <b>_ _</b> • <b>_</b>
STREET ADDRESS			4.3 STHEET ADDRES	ss	
CITY - ST - ZIP	<u> </u>		4.4 CITY - ST - ZIP		
TITLE		☐ DEL FTE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRE	ss	
CITY - ST - ZIP		DELETE	5 4 CITY - S1 - ZIP		□ Canana □ #ddisian
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRE	55	
CITY-SI-ZIP	1		■ 6.4 UTY - 51 · ZIP	İ	

14. If 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). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and triat 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 epipowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 36 Charles E. Schroeder.

March 25, 1996 (312)644-6720