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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1996
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DOCUMENT # N9500001382 (9)

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Principal Place of		Mailing Address			<u> </u>	_		
1701 ROBIE AV	/E	PO BOX 1844						
MOUNT DORA	FL 32757	MOUNT DORA FL 32757	,					
					3. Date Incorporated or Qualified 03/21/1995	3a. Date	of Lasti	Report
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		h	oplied For
1		26			59-3323502		* * * **	lot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	•	Additional Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		•	May Be
Zip	Country	Zip	Countr	у	8. This corporation has liability for in	tangible tax	under s.	
4	25 g. Name and Address of Curren	t Registered Agent	30		Florida Statutes L.  10. Name and Address of New Re			
	9, Italie and Address of Correl	t neglatered Agent	8.	1 Name	10. Name and readings of New Yor	giotorou A	<b>3</b> 0t	
EDMADDA	DATDICIA				/DO Day Nivester Valley Name 111	2)		
1701 ROB	S, PATRICIA NE AVE		82	2 Street Addr	ress (P.O. Box Number is Not Acceptable	e)		
	NE AVE NORA FL 32757		8:	3				
MOOM! D	IVIN EL JEIJI		<u> </u> _	1 0			1667 77	Cada
			84	4 City		FL	85 Zip	Code
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above	-named corpor	ration submits this statement for the purp	ose of chan	ging its r	egistered offici
or registere familiar with	d agent, or both, in the State of Florid n, and accept the obligations of, Secti	da. Such change was authorization 617.0503, Florida Statutes	ed by the cor	poration's boa	ard of directors. I hereby accept the appo	intment as re	egisterea	agent. ram
SIGNATURE S	lignature, typed or printed name of registered agent	and title if applicable (NO	TE: Registered Ag	ent signature require	ed when reinstating)	DATE		
S	dignature, typed or printed name of registered agent OFFICERS ANI	D DIRECTORS	TE: Registered Ag	ent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFIC	CERS AND D		
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SIGNATURE: MITICAL CALLAND SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/26/96 352-735-1844, EXT 239