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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500004771 (0)

Principal Place 219 MAN O'V CANTONMEN	of Business VAR CIRCLE	Mailing Address 219 MAN O'WAR CIRCLE CANTONMENT FL 32533						
					 Date Incorporated or Qualified 10/09/1995 	3a. Date	of Last	Report
Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		X	Applied For
	300 0. 2 00.000	26						Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	0	City & State			6. Election Campaign Financing		\$5.0	O May Be
City & State	в	28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for i	intangible tax	under s.	. 199.032,
וֹן יֹ	25	29	30		Florida Statutes L 10. Name and Address of New R	Yes N		
	9. Name and Address of Curre	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·	1 Name	10. Name and Address of New H	egistered A	goin.	
			L					
SANFILIPPO, RICHARD 219 MAN O'WAR CIRCLE			8	2 Street Add	Address (P.O. Box Number is Not Acceptable)			
	N U'WAH CIRCLE NMENT FL 32533		8	3				
CANTO	NMENT FL 32333		<u> </u>				85 Zi	ip Code
			1	4 City	eration submits this statement for the pure of directors. I hereby accept the app	FL	-	•
familiar v	with, and accept the obligations of, Se	ction 617.0503, Florida Statutes.						
	Signature, typod or printed name of registered ag-	nit and little if applicable (NO		gent signature requir	ration submits this statement for the pul ard of directors. I hereby accept the app ad wise renstating. ADDITIONS CHANGES TO OF I	DATE		ORS IN 12
12.	OFFICERS A	ent and lifter' applicable (NO)	L Registered A		ed when reinstating)	DATE FICERS AND		ORS IN 12
12. TITLE		nit and little if applicable (NO	TE Registered A	E	ed when reinstating)	DATE FICERS AND	DIRECTO	ORS IN 12
12. TITLE NAME	PVST SANFILIPPO, RICHARD 219 MAN O'WAR CIRCLE	ent and lifter' applicable (NO)	IE. Rogistered A 13. 1.1 TITL 1.2 NAM	E	ed when reinstating)	DATE FICERS AND	DIRECTO	ORS IN 12
12. Title Name Street address	PVST SANFILIPPO, RICHARD	nit and thin if applicable (NO) ND DIRECTORS	12. Registered A 13. 1.1 TITL 12 NAM 13 STR 1.4 CIT	E ME EFT ADDRESS Y+ST-ZIP	ed when reinstating)	DATE FICERS AND	DIFE CTO	ORS IN 12 Addition
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filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name with the difference of the control of CITY - ST - ZIP 14. I do hereby certly that the information supplied with this certify that the information indicated on this amula reparation that I am an officer or director of the obrporation of appears in Block 12 or Block 13 if change one or an at

5 4 CITY - ST- ZIP

6 3 STREET ADDRESS

6 4 CITY - ST- ZIP

61 TITLE

62 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

OFFICER OR DIRECTOR

DELETE

Dayt-me Phone #