	FORE 8/7/96: \$225 (IF DISS	E DISSOLVED ON OR AFTER A OLVED, MINIMUM AMOUNT DUE		_	
PROFIT CORPORAT	4. X 20 .	FLORIDA DEPART			
ANNUAL REI	17 27 3	Sandra B Secretary			
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OCUMENT Corporation Name	^r # P1238	34 (4)			
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Principal Place of Business Mailing Address					
900 N.W. 8TH AVE. GAINSVILLE FL 32601		900 N.W. 8TH AVE. Gainsville FL 32601			
				3. Date Incorporated or Qualified 12/08/1986	3a. Date of Last Report 03/20/1995
Principal Place of Bus	siness	2a. Mailing Address		4. FEI Number 52-1490761	Applied For Not Applicable
Suite, Apt. #, etc	**************************************	Suite, Apt. #, etc		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	
	ne and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
SCHORR, / 300 SWEET	vrnold j Iwater cove blvd n	IORTH		dress (P.O. Box Number is Not Acceptal	ole)
LONGWOO	D FL 32779		83	W AND IN A SECOND OF THE SECON	
			1841 City		1851 Zin Code
Pursuant to the prov	sions of Sections 607 050	2 and 607 1509. Florida Statuto	84 City	poration submits the statement for the	FL 85 Zip Code
Pursuant to the prov office or registered a agent. I am familiar	rsions of Sections 607.050 agent, or both, in the State with, and accept the obliga	12 and 607.1508, Florida Statutes of Florida Such change was au ations of, Section 607.0505, Flor	s, the above-named con	poration submits this statement for the pition's board of directors. I hereby accept	FL
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