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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

| 1. Corporation | MENT # P15 | | (8) | | | | | | |
|---|--|---|---|--|--|--|-------------------------------|---|--|
| Principal Place of Business 541 S ORLANDO AVE STE 210 MATILAND FL 32751 | | 54 ST | Mailing Address 541 S ORLANDO AVE STE 210 MAITLAND FL 32751 | | | | | | |
| US | | US | | | | 3. Date Incorporated or Qualifier 07/21/1987 | d 3a. Da | te of Last Re 05/01/19 | |
| 2. Principal Fla | ce of Business | h | iling Address | | | 4. FEI Number | | | Applied For |
| Suite, Apt. # | atc | 26 | to Ani # etc | | | 75-2162018 | | | Not Applicable Additional |
| 22 | , 600. | 27 | Suite, Apl. #, etc. 27 | | | 5. Certificate of Status Desired | | • | Required |
| City & State | | <u></u> | City & State | | | Election Campaign Financing Trust Fund Contribution | ' _□ | | May Be |
| Z ip | Country | 28] Zip | | Countr | у | 8. This corporation has liability f | | | to Fees 199.032, |
| 24 | 25 9. Name and Address of Cu | 29 urrent Registere | d Agent | 30 | | 10. Name and Address of Nev | ∕es ∐No vRegistered | Agent | |
| | e, mains and reduces of Ot | | | 8 | 1 Name | Tallio alla nacioca di liter | | | |
| | EMA, DOUGLAS A | | | | 2 Street Add | ess (P.O. Box Number is Not Acceptable) | | | |
| . STE 21 | ORLANDO AVE | | | | 3 | 85 Zip Code | | | |
| | ND FL 32751 | | | | 4 City | | | | |
| | | | | | | | FI | - ` ` | |
| 11. Pursuant to | the provisions of Sections 607. | 0502 and 607.15 | i08, Florida Statute | es, the above | -named corpo | pration submits this statement for the | harbose of c | | ogisiolog omed |
| or registere familiar with SIGNATURE | o the provisions of Sections 60.7 of agent, or both, in the State of the and accept the obligations of, Signature, typic or printed name of registrated | Florida, Such cha Section 607,050 | ange was authoriz 5, Florida Statutes | ed by the cor | e-named corpo poration's boa | ard of directors. I hereby accept the a | purpose of ci ppointment a | s registered | agent. I am |
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SIGNATURE:

4/24/96 Date

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