## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Zip  Country  Country  Sa.75 Additional Fee Required  Fee Required  Sa.75 Additional Fee Required  Sa.75 Additional Fee Required  Sa.75 Additional Fee Required  Fee Required  Sa.75 Additional Fee R	DOCUN 1. Corporation	MENT # P21007	7 (0)			
Name and Address of Current Repistered Agent   St. Name and Address of St. October 19, 190	JOHN	HOISINGTON ENTERPRISES	OF FLORIDA, INC.			
Name and Address of Current Repistered Agent   St. Name and Address of St. October 19, 190						
120 NE FIRST ST. #102   100 NE FIRST ST. *102   100	Principal Place	of Business	Mailing Address			A 1861 DYDIN DIDAN DIDAN DYDAN DYDAN DIDAN CODL
FORT MYCRE FL 33908						
Prince of Business	FORT MEYE				2 Data Incompreted or Qualified	13- Posts of tool Donord
22	US	^	-1500 15TAV	ENE #110-C	· · · · · · · · · · · · · · · · · · ·	
Series April 1, etc.   Suite April 2, etc.   Suite April 1, etc.   Suite April 2, etc.		ace of Business	2a. Mailing Address	V	4. FEI Number	Applied For
City & State    27	21 Suite Ant # etc		+			····
City & State   Country   28   OC CHEST CR   N   S. SECONDEQUIDATION   S. S. S. OO May Bo Added to Fees   Added to Fees   S. S. OO May Bo Added to Fees   S. S. OO May Bo Added to Fees   S. S. S. OO May Bo Added to Fees   S. S. S. OO May Bo Added to Fees   S. S. S. OO May Bo Added to Fees   S. S. S. OO May Bo Added to Fees   S.	22		27		5. Certificate of Status Desired	
20   20   20   20   20   20   20   20	<del></del>			~ 101		\$5.00 May Be
28	<b>23</b> Zin	Country		· · · · · · · · · · · · · · · · · · ·	<del> </del>	Added to Fees
10. Name and Address of New Registered Agent	24	· · · · · · · · · · · · · · · · · · ·				
HOISINGTON, JOHN 1839 SAN CARLOS BLVD. FORT MYERS FL 33908  B4 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1506, Flordia Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Flordis, Such change was authorized by the corporation's board of directors, it horeby accept the appainment as registered agent, I am an accept the obligations of, Section 807,0505, Flordia Statutes, the above named corporation submits this statement for the purpose of changing its registered different families with, and accept the obligations of, Section 807,0505, Flordia Statutes, the above named corporation's board of directors, i horeby accept the apparitment as registered agent, I am an accept the obligations of, Section 807,050, Flordia Statutes, the above named corporation's board of directors, i horeby accept the apparitment as registered agent, I am an accept the obligations of, Section 807,050, Flordia Statutes, the above named corporation submits this statement for the purpose of changing and the corporation's board of directors, i horeby accept the apparitment as registered agent, I am of accept the obligations of property and the purpose of changing and the membrane and the purpose of changing and the m		9. Name and Address of Current				
16394 SAN CARLOS BLVD. FORT MYERS FL 33908  B4 City FL 85 Zp Code  11. Pursuant to the provisions of Sections 607.0502 and 807.1508. Fonds Statutes the above named corporation submits this statement for the purpose of changing list registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, in the state of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar May, and accept the obligations of Section 807.050. Prode Statutes.  SIGNATURE Spring light agents agent and the Applicace body of the Corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar May and accept the appointment as registered agent. I am familiar May are specified agent. I am familiar May are s				81 Name		
80   84				82 Street Addres	ss (P.O. Box Number is Not Acceptable	le)
11. Fursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. It am or presented agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. It am or familiar with, and accept the obligations of Section 607,0505, Florida Statutes.  SIGNATURE  SUBMATURE  SUBMA				83		
The Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the pursuand of changing its registered office and its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I thereby accept the appointment as registered agent. I am statement for the pursuand of changing its registered office familiar within, and accept the obligations of, section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13.	• =	11610 12 00000		84 City		Tet Zin Code
Signature   Sign					<u></u>	FL   T   T
Signature and of registers agent and the respectace   No.   Experience   No.   Experience   No.   Experience   No.   Experience   No.   No.	or registere	su agent, or both, in the State of Flohoa.	. Such change was authorize	ed by the corporation's board	lion submits this statement for the purp of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
1.						
THE				·		
13 STREET ADDRESS	TITLE		DELETE	1 1 TITLE		
COLVEST-ZIP				1		
TD	* *					
NAME			DELETE		<u> </u>	☐ Change ☐ Addition
16410 SAN CARLOS BLVD	NAME		•			
DELETE	STREET ADDRESS	16410 SAN CARLOS BLVD		2 3 STREET ADDRESS		
NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  DELETE  4 1 TITLE  ADDRESS  CITY- ST-ZIP  TITLE  ADDRESS  CITY- ST-ZIP  TITLE  DELETE  4 1 TITLE  ADDRESS  CITY- ST-ZIP  TITLE  DELETE  4 1 TITLE  ADDRESS  CITY- ST-ZIP  TITLE  DELETE  5 1 TITLE  STREET ADDRESS  CITY- ST-ZIP  TITLE  DELETE  5 2 NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  DELETE  5 3 STREET ADDRESS  CITY- ST-ZIP  TITLE  DELETE  6 1 TITLE  ADDRESS  CITY- ST-ZIP  B 4 CITY- ST-ZIP		FORT MYERS FL	C) Delete			
STREET ADDRESS   33 STREET ADDRESS   34 CHY - ST-ZIP   35 STREET ADDRESS   35 STREET A			► Dereie			Change Addition
CITY-ST-ZIP						
NAME	CITY-ST-ZIP					
STREET ADDRESS	-		☐ DELETE	4 1 TITLE		Change Addition
CITY-S1-ZIP	1					
TITLE         DELETE         5 1 TITLE         Change Addition           NAME         52 NAME           STREET ADDRESS         5 3 STREET ADDRESS           CITY-ST-ZIP         5 4 CITY-ST-ZIP           TITLE         DELETE         6 1 TITLE           NAME         6.2 NAME           STREET ADDRESS         6 3 STREET ADDRESS           CITY-ST-ZIP         6 4 CITY-ST-ZIP				E I		
NAME         52 NAME           STHEET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         6 1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS         CITY-ST-ZIP			□ DELETE			Change C Addition
STHEET ADDRESS			<u> </u>	•		Trulango Traducios
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	CITY-ST-ZIP			9		
STREET ADDRESS  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP	TITLE		DELETE	6 1 TITLE		Change Addition
CITY-ST-ZIP 64 CITY-ST-ZIP				6.2 NAME		
				6.3 STREET ADDRESS		
		certify that the information supplied with	h this filing is voluntarily furnic	6.4 CITY - ST-ZIP	the assertion stated in Section 110 (	07/01/1 Florida Ctatutan   Euthor

certify that it he information indicated on this annual report or supplemental annual report is true and accurate and that 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Desire

Desire