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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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Principal D	Propert Durings				 Date Incorporated or Qualified 12/07/1988 	3a. Date of La 05/01	ast Report 1/1995
2. Principal Place of Business Suite, Apt. #, etc.		2a. Mailing Address		4. FEI Number	—·····································	Applied For	
		Suite, Apt. #, etc.				Not Applicabl	
City & Stat	Δ	[27]			5. Certificate of Status Desired		3.75 Additional Fee Required
Only G Stat		City & State			Election Campaign Financing Trust Fund Contribution	r-1 \$	5.00 May Be
Zip 1	Country	Zip	Country	у	This corporation has liability for it.	4	Added to Fees
	26 9. Name and Address of Curre	29	30		Florida Statutes Yes	□ No	
	a. Italie and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New R	egislered Agen	t
CT CORPORATION SYSTEM							
	PINE ISLAND ROAD		82	Street Add	dress (P.O. Box Number is Not Acceptab	(e)	
PLANTA	ATION FL 33324		83				
			84	City			
1 Dage				•,		FL 85	Zip Code
	to the provisions of Sections 607,0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	2 and £07.1508, Florida Statu ida. Such change was author tion 607.0505, Florida Statute	ites, the above-rized by the corp	named corpor poration's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing pintment as regist	its registered officered agent. I am
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