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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996	The state of the s	DIVISION	OF CORE	PORATIO	ONS				
	MENT #	P26814	. (4	l)	u					
•	/BIZ, INC		•	•						
FUNT	DIZ, INC						A CORPORATION AND THE MARKET CONTRACTOR	JOBOL BURY BURY		11 6 21 6 (8)2 6 (6)1 1 6 41
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Principal Place			Mailing Address				A INDEXIDURE HIE HIELD BHICH HOTEL	PROTE BANK DIDA		IION ONDIA BIBIN ADDA
	GABLES CIR. ID FL 32779	•	931 STATE ROAI SUITE 1201-277	D 434						
US	o i c de i i o		ALTAMONTE SPE	RINGS FL S	32714					
			US				3. Date Incorporated or Qualified 11/03/1989		of Last I	
2. Principal Pla	ace of Business		2a. Mailing Address				4. FE! Number		07/06/	Applied For
21		2	6				36-3494501		}	Not Applicable
Suite, Apt. :	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.7	5 Additional
City & State		2	7 City & State						~ 	Required
23		2	¬ ·				6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Col	untry	Zip		Country		8. This corporation has liability for	intangible ta		
24	25	29 Idress of Current Reg		[30]			Florida Statutes	₃ 🔲 No		
	9, Name and Ac	dress of Current Reg	gistered Agent		81	Name	10. Name and Address of New I	Registered	Agent	
DOANI	E, DOUG									
	ENE GABLES CIR	 •			82	Street Add	dress (P.O. Box Number is Not Acceptal	ble)		
LONG	WOOD FL 32779				83					
					84	City			-11	
					1071	Oity		F-1	85 Z	ip Code
								FL		
11. Pursuant to or register	o the provisions of S ad agent, or both, in	ections 607.0502 and the State of Florida. Su	607.1508, Florida Sta uch change was autho	tutes, the a	above n	named corpo	oration submits this statement for the pu	rpose of cha	nging its	registered office
	o the provisions of S ad agent, or both, in h, and accept the ob	ections 607.0502 and the State of Florida. Sulligations of, Section 60	607.1508, Florida Sta uch change was autho 07.0505, Florida Statu	tutes, the a prized by the tes.	above-n ne corpo	amed corpo oration's boa	oration submits this statement for the pu ard of directors. Thereby accept the app	rpose of cha pointnient as	nging its registered	registered office d agent. I am
SIGNATURE	,	ections 607.0502 and the State of Florida. Subligations of, Section 60	77.5000; Florida Statu	105.				rpose of cha pointnient as	nging its registered	registered office d agent. I am
SIGNATURE .	Signature, typed or printed n		of app cable ECTORS	(NOTE Rugist			ed when reinstating).	rpose of cha pointnient as		
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1. To heleby deality that the information supplied with this liling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is frue 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:

ATTHE ANOTHER OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

4-9.96

467 862-5577 Destrue Priorie k