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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P28521

1. Corporation Name MID-CONTINENT PLANTATION, INC.

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	Business	Mailing Address				\			
C/O AFI. INC. 4830 W. KENNEDY BLVD.: #830 TAMPA FL 33609		C/O AFI. INC. 4830 W. KENNEDY BLVD.: #830 TAMPA FL 33609				15.0	-(1) D-		
					3. Date Incorporated or Qualified 03/15/1990		of Last Rep /17/1995	5	
Principal Place	e of Business	2a. Mailing Address	-			4. FEI Number			pplied For
5835 Me	emorial Highway	26 P. O. Box 20	6182	5		62-1093403			lot Applicable
Suite, Apt. #, &	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution) May Be I to Fees
Tampa, Zp	Country	Zip	n	Country		8. This corporation has liability for	intangible ta:	k under s	199.032,
33615	25 USA	29 33685	30	USA	<u> </u>	Florida Statutes Yes 10. Name and Address of New F		Agent	
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Italie alia Madress of Itali			
				"					
AFI, INC.				82	Street Add	dress (P.O. Box Number is Not Acceptab	de)		
	ENNEDY BLVD., #830			1	5835 1	<u>Memorial Highway, Sui</u>	<u>te 18</u>		
TAMPA FL	33609			63					
				84	City		FI	85 Zip	
					Tamna	a oration submits this statement for the pulsard of directors. I hereby accept the app	<u>FL</u>	33	615
	i agent, or both, in the State of Flo , and accept the obligations of, So			ne corpo	oration's bo	oration subtrins this statement for the po- ard of directors. I hereby accept the app	CHILITION 23	registeres	agont rum
NATURE si	glastine, typical or printed riamic of regioner of age				it signature requ	red when reinstating! ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	BS IN 12
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SIGNATURE:

SNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR