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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

	1330	DIVIDIONO	CONTONATIONS		
DOCU 1. Corporation	MENT # P9200	00013045 (9))		
·	TERPRISES, INC.			4 118(458) (14 14) 18 1) But Battle Battle	1 48 01 48 14 11545 PHD 8 541 4 144 414 414
Principal Place	onf Business	Mailing Address			
208 CAPE POINT CIR JUPITER FL 33477		208 CAPE POINT CIR JUPITER FL 33477			
				3. Date Incorporated or Qualified 12/18/1992	3a. Date of Last Report 04/12/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0376860	✓ Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30	Florida Statutes Yes	i □ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New F	legistered Agent
V/1. AL/	P0*F0		81 Name		
YU, CHESTER 208 CAPE POINT CIR		82 Street Add	ress (P.O. Box Number is Not Acceptab	(ek	
JUPITER	R FL 33477		83		
			84 City		85 Zip Code
	CONTO 1 1 1 2 2 1 TAGE OF THE SASSESS				
SIGNATURE	ed agent, or both, in the State of Fic th, and accept the obligations of, Se	ction dov.ouco, Florida Statutes.	CL by the corporation's boal E. Rogistered Agent signature require	ration submits this statement for the pured of directors. I hereby accept the app	ointment as régistered agent. I am
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
Ti Ti F	D	DELETE	1. 1 TITLE		Change Addition
NAM:	YU, CHESTER		1.2 NAME		
STREET AUDRESS	208 CAPE POINT CIR		1.3 STREET ADDRESS		
CHY ST ZIP	JUPITER FL 33477		14 CITY - ST - ZIP		
TITLE ALVANIE	D VACUIL TEDEOV	☐ DELFTE	2 1 TITLE		Change Addition
NAME STREET ADDRESS	Yasui, Terry 73 Waterloo Dr Sw		2.2 NAME		
CHY-SI-7P	CALGARY CD		2.3 STREET ADDRESS		
TIGLE	O'NEGRATI OD	DELETE	2 4 CHY-ST-ZIP 3 1 TILLE		Change Addition
NAME		<u> </u>	3 2 NAME		C Onlarge C Addition
STREET ADDRESS			3 3 STREET ADDRESS		
C 11 SI-74			3 4 CITY - ST- ZIP		
THE		DELETE	4. 1 TITLE		Change Addition
NAM:			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		·
CHY \$1 - Zin THLF		ET OF FT	4 4 CHY+ST-ZIP		
NAME (DELETE	5 1 THTLE		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME		
CHY-ST ZIP			5 3 STREET ADDRESS 5 4 C(TY-ST-Z)P		
10.4		DELFTE	6 1 TITLE		Change Addition
NAME			6.2 NAME		C arango C supplicati
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIP			6.4 C(IY+SI+Z(P		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further certify that the 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:

CROSTER ALL SIGNATURE AND TYPED OF PHILIPPED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 (407)747-6430