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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	19	96	111		Secretary of DIVISION OF COR								
	OCUME Corporation Nat		# P92	0000	14568	(9)							
	REED H.	BERLI	NSKY, INC.							t iprijedi (in adije dible ebub de)	BL ab ord a bla t kr a tt	0:00:0 :	IN e e ni e i d a la iggi
	polesi Dises of F	3. min n n n			altina Antalana	·····							
Principal Place of Business M 2726 13TH ST					Mairing Address PO BOX 701351								
ST. CLOUD FL 34769 US					ST. CLOUD FL 34770-1351								
	US				US					3. Date Incorporated or Qualified 12/22/1992	3a. Date of	Last R)1/1 (•
2. Principal Place of Business				2a.	2a. Mailing Address			4. FEI Number	1 00/1		Applied For		
Suite, Apt. #, etc.				26	Suite, Apt. #, etc.			59-3167860			Not Applicable		
22					27			5. Certificate of Status Desired			Additional Required		
23	City & State			28	City & State					Election Campaign Financing Trust Fund Contribution			0 May Be
	Ζip	Courtry			Zip Country				This corporation has liability for			d to Fees 199.032,	
24			25]	29		30				_	□No		
	9	, Name	and Address of C	urrent Hegis	stered Agent		81	Ι'n	lame	10. Name and Address of New R	egistered Age	nt	
BERLINSKY, REED H							82	1		iress (P.O. Box Number is Not Acceptable)			
604 PONDEROSA DRIVE													
	ST. CLOU	D FL 34	769				83	1					
							84		ity		FI	5 Zi	p Code
11	. Pursuant to th	e provisio	ns of Sections 607	.0502 and 60	7.1508, Florida Sta	tutes, the	ibove-i	L nan	ned corpora	tion submits this statement for the pu	pose of changi	ng its	registered office
	familiar with, a	ind accep	t the obligations of	Section 607	n change was adin. .0505, Florida Statu	onzea by ti ites.	ie corp	XII	DOLL & DOAR	d of directors. Thereby accept the app	ointment as reg	sterec	agent. i am
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12				S AND DIFIE	CTORS		3.			ADDITIONS/CHANGES TO OFF		REC10	DRS IN 12
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6.4 CHY-S1-ZIP

14. 1 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). Florida Statutes, I further certify that the information indicated on the 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 13 if chapter 607 and attackment with an address

62 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

SIGNAURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-96 Date 407-957-9282

Daytime Phone #

2E034 (12/95)