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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	IMENT # P93( PRINT	OOOOOO15 (	6)			) 1881/1891 (18 18/18) (18/18) (18/18) (18/18) (18/18) (18/18) (18/18) (18/18) (18/18) (18/18) (18/18) (18/18)		
Principal Plac	e of Business	Mailing Address	Mailing Address				EUR BURN DU	
701 SHADDICK DR. ORANGE CITY FL 32763		701 SHADDICK DR. ORANGE CITY FL 32763						
					_	3. Date incorporated or Qualified 12/31/1992	3a. Da	te of Last Report 04/28/1995
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				59-3105659		Not Applicable
22		27				5. Certificate of Status Desired		\$8.75 Additional Fee Required
Oity & Stal	le	City & State				Flection Campaign Financing     Trust Fund Contribution		\$5.00 May Be
ZID	Country 25	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
	9. Name and Address of Curre		[30]			Florida Statutes Yes  10. Name and Address of New R		Agent
				81 (	Name			
	' R. BORGLUM P.A. EAST GRAVES AVE.			B2 ;	Street Addr	ress (P.O. Box Number is Not Acceptable)		
SUITE				B3				<del>-</del>
_	IGE FL 32763		Ĺ					
				84 City			FL	85 Zip Code
or register familiar wi SIGNATURE	Signature, typico or printed raine of registered ages	work out mood, I foliad diatoles.	k Registerant A			ation submits this statement for the pur d of directors. Thereby accept the appo	DATe	
1111.6	DP OFFICIAL AND	[] DELETE	13.		r	ADDITIONS/CHANGES TO OFF		D DIRECTORS IN 12 Change
NAME	HUNT, RAY		1.2 NAM		ı			
STREET ADDRESS	701 SHADDICK DRIVE		1.3 STRE	EET ADI	DRESS			
CITY-ST-ZIP TITLE	ORANGE CITY FL 32763 VD			14 CHY-S1-ZP				
NAME		HUNT, LORI		2 1 TITLE 22 NAME 2 3 STREET ADDRESS				Change Addition
STREET ADDRESS	701 SHADDICK DR.							
CITY - ST - ZIP	ORANGE CITY FL			2 4 CITY-ST-ZIP				
T:TLF		F*3 p.c. 516		3. 1 TITLE			i	Change Addition
NAME 631461 ADDOCCO			3 2 <b>N</b> AM	lE .				
STREET ADDRESS			33 \$1R					
CITY-SI-ZIP TITLE		DELETE	3.4 C(1Y - S1 - Z(P) 4. 1 T(LE)		<u> </u>			
NAME			4.2 NAME				l	Change Addition
STREET ADDRESS			4.2 NEW		REVC			
CITY - S1 - ZIF			4.4 CITY					
TITLE		DELETE	5 1 Tru					Change Addition
NAME			5.2 NAM	:	ł		•	
STREET ADDRESS			53SIRF	ET ADD	RESS			
017Y-S7-7IP			5.4 CITY					
T TLE NAME		☐ DELETE	6 1 TITLE					Change Addition
STREET ADDRESS			6.2 NAME					
CITY-ST-ZIF			6.3 STRFF					
			■ 04 OUT	اللا الد	ı			

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). Florida 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 appears in Block 12 or Block 13 it changes, or on an attachment up an address.

SIGNATURE:

ONING OFFICER OR DIRECTOR

3-27-96 904775 6611

CR2E034 (12/95)