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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

AUL W	Name IIN, INC.	00000109 (7	,	f 18 <b>1</b> 1/101/1101 18100 High Collin Donis A	AND ANNO AND
Principal Place	of Pusiness	Maritan Balahara			
•	FEDERAL HWY.	Mailing Address  1100 SOUTH FEDERA	L HWY.		
STUART FL 3	34994	STUART FL 34994			
				3. Date Incorporated or Qualified 12/31/1992	3a. Date of Last Report 03/28/1995
····	ece of Business	2a. Mailing Address		4. FEI Number	Applied For
Puito Ant 4	W ata	26		65-0378335	Not Applicable
Suite, Apt. #	#, B(C.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	I	City & State		6. Election Campaign Financing	\$5.00 May Be
:3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
4	9. Name and Address of Curre	29	[30]	Florida Statutes Yes	
	9. Hame and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent
WARNES	R, THOMAS E				
	UTH FEDERAL HWY.		82 Street Add	ress (P.O. Box Number is Not Acceptable	9)
	FL 34994		83		
			84 City		85 Zip Code
			1-1-3		FL
<ol> <li>Pursuant to or register.</li> </ol>	o the provisions of Sections 607.050 ed agent, or both, in the State of Fig	02 and 607.1508, Florida Statut orida. Such change was authoria	tes, the above-named corpo	ration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its registered office
	<ul> <li>and accept the obligations of, Se</li> </ul>	ation 607 0605. Elected Statutes	es e, inc comparation o bot		
familiar wit	, ,	chort 607.0505, Florida Statute:	S.		and the regions of Egonic Carl
SIGNATURE _					
SIGNATURE _	Signature, typed or printed name of registered age		OTE: Registered Agent signature require	ed when ronstating)	DATE
SIGNATURE _	Signature, typed or printed name of registered age	ant and title if accelerable (N:			DATE
SIGNATURE _ 112.	Signature, typed or printed name of registered ag-	int and title if acceleable (N	OTE: Registered Agent signature require	ed when ronstating)	DATE DERS AND DIRECTORS IN 12
SIGNATURE _ 112. 111LE NAME	OFFICERS A  D  WARNER, THOMAS E  1100 S. FEDERAL HWY.	int and title if acceleable (N	OTE: Registered Agent argueture require  13.  1.1 TITLE	ed when ronstating)	DATE DERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered ag- OFFICERS A D WARNER, THOMAS E 1100 S. FEDERAL HWY. STUART FL 34994	ent and title if accelcable (N ND DIFFECTORS  DELETE	OTE: Registered Agurt signature require 13. 1.17///LE 1.2 NAME	ed when ronstating)	DATE DERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered ag- OFFICERS A D WARNER, THOMAS E 1100 S. FEDERAL HWY. STUART FL 34994 D	int and title if acceleable (N	OTE: Reportered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when ronstating)	DATE DERS AND DIRECTORS IN 12
SIGNATURE _ 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	OFFICERS A  D WARNER, THOMAS E 1100 S. FEDERAL HWY. STUART FL 34994  D MINTON, O R JR.	ent and title if accelcable (N ND DIFFECTORS  DELETE	OTE: Rapistorud Agunt argusture require  13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2. 1 TITLE 2.2 NAME	ed when ronstating)	DATE DERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE:

Lacornal SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-287. 4444