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PROFIT CORPORATION ANNUAL REPORT



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

1996

P9300006375 (8) **DOCUMENT #**

SURPL	US SALES INVENTORY, IN	IC.	,	I MANGAN NA HARA NUN ANN		1814 1 660 1 111 1811
Principa' Place c	of Business	Mailing Address			ik ookki ookki ka kki ookk a d ikoo i	
500 N MAITU SUITE 203 MAITLAND FU	AND AVENUE	P O BOX 941118 Maitland FL 32794-	-1118			
	- OLIO.			3. Date Incorporated or Qualific	ed 3a. Date of Last F	Report
2. Principal Plac	e of Rusiness	2a Mailing Address		01/19/1993	04/04/1	
21	SO OF Expaintoga	2a. Mailing Address		4. FEI Number 59-3159006		Applied For
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			\$8.7	Not Applicable 5 Additional
22		27		5. Certificate of Status Desired		Required
Orty & State		City & State		6. Election Campaign Financing	g \$5.0	0 May Be
23 ∠(p)	Country	28 Zip	Ota-	Trust Fund Contribution	Adde	d to Fees
24	25	29 2.p	Country 30	8. This corporation has liability Florida Statutes	for intengible tax under s Yes \times No	199.032
	9. Name and Address of Current		1901	10. Name and Address of Ne		
I			81 Name	WHITTEMORE, THOI		
	MORE, THOMAS G		82 Street A	Address (P.O. Box Number is Not Accept		
	ILLOWHEE COURT			1702 INVERNESS	COURT	
ORLAND	O FL 32817		83			
			84 City	1	85 Z	p Code
				LONGWOOD	⊫ 2•	2779
11 Pursuant to	the provisions of Sections 607 0502 s	J COT 4500 Florido Ctobuto				
11. Pursuant to or registered	the provisions of Sections 607.0502 at agent, or both, in the State of Florida	and 607.1508, Florida Statute i. Such change was authorize	es, the above-named cor	rporation submits this statement for the board of directors. I hereby accept the a	purpose of changing its a	registered office
familiar with.	trie provisions of Sections 607.0502 at 1 agent, or both, in the State of Florida and accept the obligations of, Section	and 607,1508, Florida Statute a. Such change was authorizi in 607,0505, Florida Statutes.	es, the above-named cor	rporation submits this statement for the board of directors. I hereby accept the a	purpose of changing its appointment as registered	registered office I agent. I am
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14. Ids 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 certify 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat