SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000014292 (5)

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Principal Place of Business Mailing Address						· 4 · L. 14 · L44 4 ·		OIII BOIBH ISBII DEOID HI		
4932 S PENINSULA DRIVE DAYTONA BEACH FL 32127 4932 S PENINSULA DRIVE DAYTONA BEACH FL 32127 DAYTONA BEACH FL 32127										
							3. Date Incorporated or Qualified 02/17/1993	3a. Date of Le 05/01/19		
2. Principal P	Place of Busin	iess	2a. Mailing A	ddress			4. FEI Number	00/01/18	Applied For	
ו			26	26			59-3304521		Not Applicabl	
Suite, Apt #, etc City & State			·	Suite, Apt #, etc			5 Certificate of Status Desired [117] \$8.75 Ad		75 Additional se Required	
			·· · · · · · · · · · · · · · · · · · ·	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip		Country 25	Z _I p		Countr 30	у	8. This corporation has hability for Florida Statutes	intangible tax unc	per s 199 032	
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
LA	NGER, DON	IALD J			81	Namo				
		NSULA DRIVE		82 St		Street Add	t Address (P.O. Box Number is Not Acceptable)			
P0	NCE INLET	FL 32127				20				
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I do hereby certify that the information supplied with this fung is countarily furner and and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 each, that I agri an officer of director of the properties for trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block. 12 or Block that charged, or on an attachment with an address.

GNATURE:

GNATURE:

GNATURE: 14. I do hereby certify that the infe

44 City St ZiP

5 3 STREET ADDRESS

STREET ADDRESS

5.4 CHY - ST - ZIP

5 1 FILE

52 NAME

6.1 TITLE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

TITLE

NAME

TITLE

NAME STREET ADDRESS

TURE AND TYPED OF PRINTED NAME OF FIGHING OFFICER OR DIRECTOR

DELETE

DELETE

6-15-96

Change Addition

Change Addition