## 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

DOCUMENT #

P93000019398 (5)

Principal Place of Business   320 7TH ST W   PALMETTO FL 34221	i □No
PALMETTO FL 34221  PALMETTO FL 34221  3. Date Incorporated or Qualified 03/09/1993  2. Principal Place of Business 26  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Zir  Zir  Zir  Zir  Zir  Zir  Zir	03/09/1995  Applied For Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees intangible tax under s 199.032,
22. Principal Place of Business	03/09/1995  Applied For Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees intangible tax under s 199.032,
21 Suite, Apt. #, etc. Suite, Apt. #, etc.  22 City & State City & State City & State  23 Country 24 Country 25 29 30 Florida Statutes  28 Rame and Address of Current Registered Agent  DELESLINE, JAN R 320 7TH ST W  Suite, Apt. #, etc. City & State Cit	Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees intangible tax under s 199.032,
Suite, Apt. #, etc.  22 City & State  Country  Zip  Country  28 Country  29 30 Florida Statutes  9, Name and Address of Current Registered Agent  DELESLINE, JAN R  320 7TH ST W  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  Country  8. This corporation has liability for Florida Statutes  X Yes  81 Name  62 Street Address (P.O. Box Number is Not Acceptate)	\$8.75 Additional Fee Required  \$5.00 May Be Added to Fees intangible tax under s 199.032,
City & State  City & State  28  28  Country  Zip  Country  25  9, Name and Address of Current Registered Agent  DELESLINE, JAN R  320 7TH ST W  6. Election Campaign Financing Trust Fund Contribution  Country  Zip  Country  Zip  Country  Agent  Sip  Country  B. This corporation has liability for Florida Statutes  Florida Statutes  X Yes  Name  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptate)	\$5.00 May Be Added to Fees intangible tax under s 199.032,
Trust Fund Contribution  Zip Country Zip Country  25 29 30 Florida Statutes X Yes  9, Name and Address of Current Registered Agent  DELESLINE, JAN R  320 7TH ST W  Trust Fund Contribution  Country 8, This corporation has liability for Florida Statutes X Yes  81 Name  B1 Name  B2 Street Address (P.O. Box Number is Not Acceptate)	intangible tax under s 199.032,
25 29 30 Florida Statutes X Yes  9. Name and Address of Current Registered Agent  DELESLINE, JAN R  320 7TH ST W  Plorida Statutes X Yes  10. Name and Address of New F  81 Name  82 Street Address (P.O. Box Number is Not Acceptate)	i □No
9. Name and Address of Current Registered Agent  10. Name and Address of New F  B1 Name  DELESLINE, JAN R  320 7TH ST W  10. Name and Address of New F  B2 Street Address (P.O. Box Number is Not Acceptate)	-
DELESLINE, JAN R 320 7TH ST W 82 Street Address (P.O. Box Number is Not Acceptate	Registered Agent
320 7TH ST W	
	ole)
∤ <b>I</b>	
84 Crty	85 Zip Code
11. Durawal to the contribute of Section 607 0600 and 607 1509. Floods Statutes the above period connection submits the statement for the cu	FL 189 210 CASE
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the pull or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the applicant with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	ointment as registered agent. I am
Styrotics, typical or product is an expressional agent and little it applicable (NOTE Registered Agent signature re-pared when reinstating)	DATE SOCIAL AND DISCOURS IN 10
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12  Change Addition
NAME BRYANT, EVELYN M 1.2 NAME	
STREET ADDRESS 202 23RD STR W 1.3 STREET ADDRESS	
GITY ST-ZIP BRADENTON FL 34250 1.4 City - St-ZIP	
THE ST DELETE 2.1 THE	Change Addition
NAME DELESLINE, JAN R 22 NAME	
STREET ADDRESS 1400 BAYSHORE DR 23 STREET ADDRESS	
City - S1 - ZiP TERRA CEIA FL 34250 24 City - S1 - ZiP	
THE DELETE 3 1 TILE	Change Addition
NAM: 32 NAME	
STREET ADDRESS  3.3 STREET ADDRESS	
CITY	Change  Addition
	☐ Change ☐ Addition
NAM: 4.2 NAME	
SHEPT ADDRESS 4.3 STREET ADDRESS 4.4 STREET ADDRESS	
C 1Y - S1 - 7 P	☐ Change ☐ Addition
NAME 52 NAME	, 100,11011
STREET ADDRESS 53 STREET ADDRESS	
C-11 - S1 - Z1P 54 CITY - S1 - Z1P	
file DELETE 6.1TIME	☐ Change ☐ Addition
NAME 62 NAME	_ , _
STHEFT ADDRESS 63 STREET ADDRESS	
CHY-SH-ZIP 64 CHY-SH-ZIP	

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TYPED DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 (941)723-6112

(2E034 (12/95)