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

PROFIT CORPORATION **ANNUAL REPORT**

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OF DIRECTOR



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

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| Suite, Apt. #, etc. 22 City & State 23 Zip Cou. 25 9. Name and Ad NEJAME, ALAN 101 STARLING LANE LONGWOOD FL 32779-4 11. Pursuant to the provisions of Se or registered agent, or both, in: t familiar with, and accept the obl SIGNATURE Signature, bried or prior una 12. Title DPT NAME NEJAME, ALA 101 STARLING CITY-S1-ZIP LONGWOOD I TITLE DVS NAME DEMETREE, M SIREET ADDRESS CITY-S1-ZIP LONGWOOD I TITLE NAME STREET ADDRESS CITY-S1-ZIP LONGWOOD I STREET ADDRESS CITY-S1-ZIP | LANE | onqueer, ite, Apt. #, etc. y & State | Country 30 81 Name 82 Street Addr 83 84 City | Date Incorporated or Qualified 03/12/1993 4. FLI Number | ☐ No egistered Agent e) |
|--|--|--------------------------------------|--|--|--|
| 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 22 23 24 25 9. Name and Ad NEJAME, ALAN 101 STARLING LANE LONGWOOD FL 32779-4 11. Pursuant to the provisions of Se or registered agent, or both, in: the familiar with, and accept the obtaining with a complete with a | 2a. Ma 2a | onqueer, ite, Apt. #, etc. y & State | Country 30 81 Name 82 Street Addr 83 84 City | 4. FLI Number - 69 3239238 57-5 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes Yes 10. Name and Address of New Re | 03/17/1995 3/6943/ Applied For Not Applicable S8.75 Additional Fee Required \$5.00 May Be Added to Fees Intangible tax under \$199.032, In No |
| Suite, Apt. #, etc. 22 City & State 23 Zip Cot. 25 9. Name and Ad NEJAME, ALAN 101 STARLING LANE LONGWOOD FL 32779-4 11. Pursuant to the provisions of Se or registered agent, or both, in: t familiar with, and accept the obl SIGNATURE Signature, briefl or principle 12. Title DPT NAME NEJAME, ALA 101 STARLING CITY-S1-ZIP LONGWOOD I TITLE NAME DEMETREE, M SIREET ADDRESS CITY-S1-ZIP LONGWOOD I TITLE NAME SIREET ADDRESS CITY-S1-ZIP LONGWOOD I TITLE NAME SIREET ADDRESS CITY-S1-ZIP LONGWOOD I STREET ADDRESS CITY-S1-ZIP | 26 Sui 27 City 28 unitry Zip 29 ddress of Current Registerer | y & State y & State | 81 Name 82 Street Addr 83 84 City | 5. Certificate of Status Desired 6. Flection Campaign Financing Trust Fund Contribution 8. This corporation has liability for in Florida Statutes Yes 10. Name and Address of New Ro | Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Intangible tax under \$199.032, In No Registered Agent |
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| SIGNATUFE 12. TITLE DPT NAME NEJAME, ALA STREEI ADDRESS LONGWOOD I TITLE DVS NAME DEMETREE, M STREET ADDRESS LONGWOOD I TITLE NAME STREET ADDRESS CHY-ST-ZIP LONGWOOD I STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | the State of Florida. Such char digations of, Section 607,0505 | nge was authorize | ed by the corporation's boar | rd of directors. I hereby accept the appoint | iose of changing its registered offici intment as registered agent. I am |
| 12. TITLE DPT NAME NEJAME, ALA STREET ADDRESS CITY-ST-ZIP TITLE DVS DEMETREE, M 224 SPRINGSI LONGWOOD F TITLE NAME STREET ADDRESS CITY-ST-ZIP LONGWOOD F TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | • | | · |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | on e. of regulatered agreed and title 4 applicat | | The Registered Agent signature requires | o wtten reinstating) | DA1: |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRECTOR | | 13. | ADDITIONS/CHANGES TO OFFIC | DERS AND DIRECTORS IN 12 |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | ₹N | DELETE | 1 1 TITLE | | Change Addition |
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| CITY-ST-ZIP | | | 6.3 STREET ADDRESS | | |
| I do hereby certify that the inform certify that the information indicate oath; that I am an officer or direct | | | 6.4 CITY - S1 - ZIP | | |

4/27196 (407)695-3883