ANN	PROFIT RPORATION UAL REPORT 1996	Secret DiVISION OF	B. Mort Pary of St CORPO TONS		
Corporation	MENT # P930(SOLF CORPORATION	00026705 (2	2)		
	e of Business	Mailing Address			[
deltona i	KON BLVD. FL 32725	620 S. SAXON BLVD. DELTONA FL 32725		3. Date Incorporated or Qualifi	ed 3a. Date of Last Report
Principal F	lace of Business	2a. Mailing Address		04/08/1993	03/21/1995
		26 26		4, FEI Number 59-3179341	Applied For Not Applicat
Suite, Apt.	#, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	e	City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
 	Country	28		Trust Fund Contribution	Added to Fees
	25	29	Country 30		for inlangible tax under s. 199,032, Yes : □ No
	g. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of Ne	w Registered Agent
MEADE	, JOHN C				
# 304 Lake N	IN LAKE CIRCLE MARY FL 32746-6180		83 84 City	dress (P.Ö. Box Number is Not Accep	85 Zip Code
# 304 LAKE N Pursuant for register familiar wi	ARY FL 32746-6180 to the provisions of Sections 607.0502 red agent, or both, in the State of Fixing th, and accept the obligations of, Sections Signature brief or prairie many of registers agent	on 607.0505, Florida Statutes. and tited according (1) आ	83 84 City s, the above named corporation's book to Happhead Aprel supplements a receptor	Oration submits this statement for the and of directors. Thereby accept the a	FL 85 Zip Code purpose of changing its registered of appointment as registered agent. I am
# 304 LAKE N Pursuant for register amiliar will	IN LAKE CIRCLE #ARY FL 32746-6180 to the provisions of Sections 607.0502 red agent, or both, in the State of Fixing th, and accept the obligations of, Sections OFFICERS AND PTSM	on 607.0505, Florida Statutes. and tited according (1) आ	83 84 City s, the above named corporation's book	Oration submits this statement for the and of directors. Thereby accept the a	PL 85 Zip Code Purpose of changing its registered of oppointment as registered agent. I am OAR OAR OFFICERS AND DIRECTORS IN 12
# 304 LAKE N Pursuant to principalities pursuant principalities pursuant and unit	IN LAKE CIRCLE MARY FL 32746-6180 to the provisions of Sections 607.0502 red agent, or both, in the State of Floric th, and accept the obligations of, Section Styletime typed or print a name of registered agent OFFICERS AND PTSM MEADE, JOHN C	on 607.0505, Florida Statutes. addition accedition (ந) அ D DIRECTORS	83 84 City 3, the above named corporation's troc by the corporation's troc 13. 1 Till F 12 NAME	Oration submits this statement for the and of directors. Thereby accept the a	PL 85 Zip Code Purpose of changing its registered of oppointment as registered agent. I am DATE DEFICERS AND DIRECTORS IN 12
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SIGNATURE: John C. Meade Julia C. MEADE 4-4-96 (904) 774-1537