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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS								
DOCUM 1. Corporation Na	ENT # P930 0	00043684 (Inc.	(8)				1 1851(ES) KE 1818E 11111 85111 86111	DRAL BEAN DIGES WHIE BUEN SDIN BLBY (BB)
Principal Place of Business Maling Address								
202 SOUTHWEST 17TH STREET OCALA FL 34474		202 Southwest 17th Street Ocala FL 24474 US					3a. Date of Last Report	
US		ŲS					3. Date Incorporated or Qualified 06/09/1993	05/01/1995
2. Principal Place	o of Business	2a. Mailing Address					4. FEI Number	Applied For
21 PHINODAL PIACE	a Or Dualitiess	26	·				59-3179391	Not Applicable
Suite, Apt #,	etc.	Suite, Apt. #, etc.	3.				Certificate of Status Desired	\$8.75 Additional Fee Required
22		27					6. Flection Campaign Financing	\$5.00 May Be
City & State		City & State					Trust Fund Contribution	Added to Fees
23	Country	Z(p)	Country			8. This corporation has liability for	intangible tax under s. 199.032,	
Ζφ 24	25	29	3	0				□ No
24	9. Name and Address of Cur	rrent Registered Agent	· · · · · · · · · · · · · · · · · · ·		Bil	Name	10. Name and Address of New F	legistered Agent
	the provisions of Sections 607.0 d agent, or both, in the State of t , and accept the obligations of S					City amed corp ration's bo	oration submits this statement for the pu and of directors. Thereby accept the app	rpose of changing its registered office pointment as registered agent. I an
SIGNATURE	gratine, typed or proteomical disgrational	and another fuers, star	(AUTE	Registered A	Ageni	SEJENTATION (ALPH	red where removaling)	DATE
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS IN 12
TITLE	TS	DEFEL		1.110				Change L Addition
NAME	WALTER, KARL	•		1.2 NA				
STHEET ADDRESS	202 SW 17 ST					ADDRESS 7/0		
CITY - ST - ZIP	OCALA FL	[] DELET	 E	14 O I		1-71P		Change Addition
TITLE	d Berisford, Don		-	2.2 NA				
NAME STREET ADDRESS	202 SOUTHWEST 17TH	STREET		2351	REEL	ADDRESS		
CITY - ST - ZIP	OCALA FL 32671			2.4 Ci	IY-S	T - 7:P		☐ Change ☐ Addition
11ILE	P	☐ D€LET	ť	3 1 1)				Change Addition
NAME	FRANCK, PAUL W	_		3.2 NA				
STREET ADDRESS	202-B SW 17TH STREET	Ī				ADDRESS		
CITY-ST-ZIP	OCALA FL	DELET	'F	3 4 CI 4 1 Ti		. ZP		Change Addition
TITLE			L	4 2 N				
NAME						ADDRESS		
STREET ADDRESS						st - ZIP		
CITY ST-ZIP		DELE	ı E	5 1 T				Change Addition

6 4 CITY - ST - ZIP Ad and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further report is true and accurate and that my signature shall have the same legal effect as if made under empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily turns certify that the information indicated on a list annual report or supplemental annual returns that I am an officer or director of the corporation or the receiver or trusted appears in Block 12 or Block 13 if charging, or an attach front with an additional content of the corporation of the receiver of trusted appears in Block 12 or Block 13 if charging, or an attach front with an additional content of the corporation of the corpora

5.2 NAME

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

NAME

THE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - S1 - ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/12/96 (352)622-7002

☐ Change ☐ Addition

CR2E034 (12/95)