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.									
	多型 50.	FLORIDA DEPARTMENT OF STATE							
PROFIT CORPORATION		Sandra B. Mortham							
ANNULAL DEPORT	1000000	Secretary of State							

PROF CORPOR ANNUAL F	ATION REPORT	FLORIDA DEP Sandra Secre DIVISION O						
OCUME Corporation Nam	NT # P930 0	00060080 (7	')					
C.A.B. FINA	NCIAL, INC.				i Jaconson ing 18400 filim addin addin	HANN BOYER OWN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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rincipal Place of B	usiness	Mailing Address						
		4430 SE FORT KING	ST.					
4430 SE FORT KING ST. OCALA FL 34470 OCALA FL 34470				3. Date Incorporated or Qualified				
		2a. Mailing Address			4. FEI Number		h	plied For
. Principal Place	of Business	28. Mailing Address			59-3199010		\$8.75 A	t Applicable Additional
Suite, Apt. #, etc	<u>. </u>	Suite, Apt #, etc.			5. Certificate of Status Desired		Fee Re	
Suite, Apr. #, etc		27			6. Election Campaign Financing		\$5.00	May Be
City & State		City & State			Trust Fund Contribution	L.,)	Added t	
1	Country	Zip		Country	8. This corporation has liability	for intangibl	le tax under s. No	199 052,
Zip T	25	29	30		Florida Statutes 10. Name and Address of New			
9	Name and Address of Cu	rrent Registered Agent		B1 Name	TO, Italiio and Page			
HICKS 2303 S	, daniel S.E. 17th St.			82 Street Add	iress (P.O. Box Number is Not Accep	itable)		
SUTTE	201			83	·····			
	A FL 34470			84 City		F		Code
			Statutes, the was author 05. Florida (NOTE Rec	e above named cor rized by the corpora Statutes Justiced Agent signature req	poration submits this statement for tr tion's board of directors. I hereby ac	1,775 1	1	
Sig	rature typesterprise it male a register OFFICER	IS AND DIRECTORS		13.	ADDITIONS/CHANGES TO (JI FILLENS A	Change	Addit
12.	PSD	DELE	TE	Y 1 TIFLE				
NAME	BOUNDS, JAMES T.		- 1	1.3 STREET ADDRESS				
STREET ADDRESS	4430 SE FORT KING ST	Ī ,		1.4 CITY - ST - ZIP		<u>-</u>	— <u>—</u> ——————————————————————————————————	TT Addi
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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 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 further certify that the information indicated on this annual report or supplemental annuals report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this annual report or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes I

SIGNATURE:

VIGE OF SIGNING OFFICER OR DIRECTOR

8-5-1996 352-694-3748