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

PROFIT CORPORATION ANNUAL REPORT

1996



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

| DOCL | IMENT | # |
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SIGNATURE:

P93000061508 (6)

| 130 N. SPRING LAKE DR. 130 N. SPRING LAKE DR. ALTAMONTE SPRINGS FL 32714 3. Date Incomposition of the principal Place of Business 2a. Mailing Address 4. FEI Number 26 59 59 | 3200943 Not Applicable of Status Desired Sta |
|---|--|
| ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 3. Date Incomposition of Principal Place of Business 2a. Mailing Address 2b. Mailing Address 3. Date Incomposition of Principal Place of Business 4. FEI Numb 59. Suite, Apt. #, etc. 27 | 2/1993 O3/21/1995 er 3200943 Of Status Desired Contribution Oration has liability for intangible tax under s 199.032, atutes Of New Registered Agent C3/21/1995 Applied For Not Applicable Se. 75 Additional Fee Required Fee Required Added to Fees Oration has liability for intangible tax under s 199.032, atutes Of New Registered Agent |
| 22 Principal Place of Business 2a. Mailing Address 4. FEI Number 59 | 2/1993 O3/21/1995 er 3200943 Of Status Desired Contribution Oration has liability for intangible tax under s 199.032, atutes Of New Registered Agent C3/21/1995 Applied For Not Applicable Se. 75 Additional Fee Required Fee Required Added to Fees Oration has liability for intangible tax under s 199.032, atutes Of New Registered Agent |
| 21 | Applied For Not Applied For Not Applied For Not Applied For Not Applicable \$8.75 Additional Fee Required Fee Required Added to Fees Paration has liability for intangible tax under \$199.032, atutes Yes No d Address of New Registered Agent |
| Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate | of Status Desired |
| 27 | Fee Required Fee Required Fee Required Fampaign Financing C St.00 May Be Added to Fees Fee Required St.00 May Be Added to Fees Fee Required Fee Requi |
| City & State | ampaign Financing d Contribution St.00 May Be Added to Fees reation has liability for intangible tax under s 199.032, atutes No d Address of New Registered Agent |
| Country Zip Country Zip Country S. This corporate Storica State | d Contribution Added to Fees pration has liability for intangible tax under s 199.032, atutes Yes No d Address of New Registered Agent |
| 24 25 29 30 Florida Sta 9. Name and Address of Current Registered Agent BARRETT, JACK 130 N. SPRING LAKE DR. 81 Name 82 Street Address (P.O. Box Nu | atutes Yes No d Address of New Registered Agent |
| 9. Name and Address of Current Registered Agent 81 Name BARRETT, JACK 130 N. SPRING LAKE DR. 10. Name and 81 Name 82 Street Address (P.O. Box Nu | d Address of New Registered Agent |
| BARRETT, JACK 130 N. SPRING LAKE DR. 81 Name 82 Street Address (P.O. Box Nu | |
| 130 N. SPRING LAKE DR. | mber is Not Acceptable) |
| 130 N. SPRING LAKE DR. | mider is not Acceptable) |
| | |
| ALTAMONTE SPRINGS FL 32714 | |
| 84 City | 85 Zip Code |
| 11 Purpoput to the equivience of Sections 607 0500 and 607 1500. Flacid Country to the object of Sections 607 0500 and 607 1500. Flacid Country to the object of Sections 607 0500 and 607 1500. | ₽L¦ |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I h | statement for the purpose of changing its registered office ereby accept the appointment as registered agent. I am |
| familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | |
| SIGNATURE Styrictive, by edior printed nanie of registered agent and little if applicable. (NOTE: Registered Agent is gnature required when reinstating) | OA7E |
| | S/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| DP DELETE 11TITLE | ☐ Change ☐ Addition |
| NAME BARRETT, JACK SINEELADDRESS 130 N. SPRING LAKE DR. 1.3 STREET ADDRESS | |
| ALTAMONTE ODDINOS EL SONA | |
| CHY-ST-ZP ALTAMONTE SPHINGS PL 32/14 14 CHY-ST-ZP 10 CH DST | Change Addition |
| NAME ARNOLD, HUBERT 22 NAME | |
| STAGE LADDRESS 130 N. SPRING LAKE DR 2.3 STREET ADDRESS | |
| CITY ST ZP ALTAMONTE SPRINGS FL 32714 24 CITY-ST-ZIP | |
| LILE DELETE 3.1 TITLE | ☐ Change ☐ Addition |
| NAME 32 NAME | |
| STREET ADDRESS 33 STREET ADDRESS | |
| CITY-ST-ZIP | ☐ Change ☐ Addition |
| NAME 4.2 NAME | C diange C subidon |
| STREET ADDRESS 4.3 STREET ADDRESS | • |
| CHY-S1-ZIP 4.4 CHY-S1-ZIP | |
| TITLE DELETE 5 TITLE | Change Addition |
| NAME 5.2 NAME | |
| STEELT ADDRESS 53 STREET ADDRESS | |
| CITY - ST - ZIP | |
| | ☐ Change ☐ Addition |
| NAME SINEE: ACORESS 63 STREET ADDRESS 63 STREET ADDRESS | |
| CITY ST ZIP 64 CITY-SI-ZIP | |
| 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption acceptly that the information indicated on this annual report or supplemental annual report is true and accurate and that my significant is true and accurate and that my significant is true. | stated in Section 119.07(3)(k), Florida Statutes. I further |

407-671-6800 Daytime Phone II