cc	LE NOW: FIL PROFIT DRPORATION NUAL REPORT 1996	ING FEE AFTI	FLORIDA DEF Sandra	ARTMENT C a B. Morthar stary of State	F STATE				
1. Corpora	UMENT #	9300007	•	6)					
	JERRY'S DISCOU	····							
Principa: Place of Business Mailing Adviress 325 WEST AVENUE A 325 WEST AVENUE A									
	ADE FL 33430		BELLE GLADE FL 33430			3. Date Incorporated or 11/05/1993	Dualifed 3	a. Date of Last F 05/01/19	
2. Principa 21	I Place of Business	2a. 26	Mailing Address			4. FEI Number 65-0451466			Applied For Not Applicable
Suite, A	pt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status D	esred [1	5 Additional
22 City & S	State	27	City & State			6. Election Campaign Fir	·	F-86	Required O May Be
23		28	·			Trust Fund Contributio	_ж	Adda	ed to Fees
Zip 24	25	1try [29]	Zip	30 30	itry	 This corporation has li Florida Statutes 	ability for intar TA Yes		5 199.032,
	9. Name and Add	lress of Current Regist	ered Agent		81 Name	10. Name and Address	of New Regis	stered Agent	
325 V	ST, CARL WEST AVENUE A			ł		ldress (P.O. Box Numitier is Not	Acceptable)		
BELL	e glade fl 33430				84 City			oc 7	in Code
								FL	lp Code
or reg	stered agent, or both, in t r with, and accept the obl RE	he State of Fioridal Such	ohange was authori 0505, Florida Statute	zed by the c is: OIE Reptered	orporation's b	poration submits this statement pard of directors. Thereby accept motivity restance	it the appoint?	nent as registere	d agent. I am
12. TITLE	D	OFFICERS AND DIREC	TORS	13 .		ADDITIONS/CHANGE	S TO OFFICER	RS AND DIRECT	ORS IN 12
NAME	HURST, CARL			1.2 NA					ORS IN 12
STREET ADDRE	SS 325 WEST AVE BELLE GLADE I				HEET ADDRESS				
CITY - ST - ZiP TITLE	D	-1 33430	[]] DELETE	2 1 1	1 - S" - ZI-2 ILF			🗌 Change	
NAME STREET ADDRE	SS 325 WEST AVE	NUE A		2 2 NA 2 3 ST	ME HELT ADDRESS				
CITY-ST-ZIP	BELLE GLADE		·····		Y - ST - ZIP				
TITLE NAME			🔲 DELETE	3 1 TI 3 2 NA				🔲 Change	Add-tion
STREET ADDRE	SS				REET ADDRESS				
CITY - ST - ZIP					Y ST ZIP				
TITLE NAME			🗋 DELEFE	4 1 h 42 N				🗌 Change	Addition
NAME STREET ADDRE	SS .				ME REEF ADDRESS				
CITY - ST - ZIP		, 			Y - SI - ZIF				
TITLE			DELETE	511				Charige	Addition
NAME STREET ADDRE	:<<			52 M/	ME REFT ADORESS				
CITY-ST-ZIP					1 SL-ZIP				
TITLE			DELETE	6 1 1				Change	Addition
NAME				6.2.5/					
STREET ADDRE CITY - ST - ZIP	:55				REEL ADDRESS				
14. I do he certify oath; t	that the information indici- that I am an officer or dire	ated on this annual report stor of the corporation or	t or supplomental an the receiver or trust	mished and inual report i ee empowe	toes not qualifier true and accurate	y for the exemption stated in Se iriate and that my signature sha this report as required by Chap	I have the san	ne legal effect as	if made under
		s is changed, or on an att	achimient with an add		act.	3/1/96		407 99	6-6513