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.)

**PROFIT CORPORATION ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000082005	(8)
1. Corporation Name	. 00000000000	~

## POWERED PARACHUTES, INC.

Principal Place of Business	Mailing Address	
21821 CARSON DR. LAND O LAKES FL 34639	21921 CARSON DR. LAND O LAKES FL 34639	



Principal Plac	ce of Business	Mailing Addre	ess				1 BEIGH HOUR I			Ш
21821 CARSI LAND O LAN	ON DR. KES FL 34639	21921 CARSO LAND O LAKE								
						3. Date Incorporated or Qualified 01/01/1994	3a. Date 01/1	of Last <b>8/199</b> 5		
~	Place of Business	2a. Mailing Ad	laress			4. FEI Number		<u> </u>	Applied F	For
1		26				59-3213190		+_+	Not App'i	
Suite, Apt		Suite, Apt. <b>27</b>				5. Certificate of Status Desired		Fee F	Addition Required	<b>;</b> ———
City & Sta	ette	City & State	e			Election Campaign Financing     Trust Fund Contribution			<b>0</b> May Bod to Fees	
Zip	Country	Zip		- Coun	itry	8. This corporation has liability for in			s. 199 03	32,
	[25]	[29]		30		Florida Statutes	<u> </u>	No		
	9. Name and Address of Curre	nt Registered Agent	t		81 Name	10. Name and Address of New Reg	istered Ag	ent		
	Aunders, Peter J				Name					
	1921 Carson Dr. ND O'lakes Fl 34639			Ī	82 Street Add	dress (P.O. Box Number is Not Acceptable	e)			
	WID O LANES PL 34035			1	83					
				1	84 City		·FL	<b>85</b> Zip	p Code	
office or	registered agent, or both, in the State am familiar with, and accept the oblic	e of Florida. Such cha	ange was aut	thorized t	by the corporat	poration submits this statement for the pur ion's board of directors. Thereby accept t	rpose of ch the appoint	anging i ment as	ts registe registere	pred ed
	Signature, typical or protect name of registered as	* *	atew)	Burgistere 1	Agentis griature requ	ered when his histering:	DAIE			
		ND DIRECTORS	AC. CTC	13.	<del></del>	ADDITIONS/CHANGES TO OFFICE	ERS AND D	_		
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14. I do hereby certify final 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 made under oath; 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 that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

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