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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000083604 (7)

DOCUMENT #
1. Corporation Name

Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State Zip Country Zip Country Zip Country Zip Sign Country Zip Country B. This corporation has liability for intangible tax under Florida Statutes Yes No Part of Address of New Registered Agent B1 Name DAVIS, RON 215 PINEDA ST. SUITE 181 LONGWOOD FL 32750	st Report //1995 Applied For Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees or s. 199.032,
SUITE 181 LONGWOOD FL 32750 SUITE 181 LONGWOOD FL 32750 3. Date Incorporated or Qualified 11/30/1993 05/01/ 2. Principal Place of Business 2a Mailing Address 59-32 13877 Suite, Apt #, etc. 55. Certificate of Status Desired 58. Fe City & State 5. Election Campaign Financing 7 Trust Fund Contribution 7 Ad Ad 7 Trust Fund Contribution 8 Ad 7 Trust Fund Contribution 8 Ad 7 Trust Fund Contribution 9 Ad 7 Trust Fund Contribution 9 Ad 7 Status 9 Street Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name 10.	Applied For Not Applicable 75 Additional Ree Required 6.00 May Be dded to Fees or s. 199.032,
3. Date Incorporated or Qualified 11/30/1993 05/01/ 2. Principal Place of Business 26 28. Mailing Address 59-3213877 Suite, Apt #, etc. 5. Certificate of Status Desired 58. Suite, Apt. #, etc. 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution Ad 7 Address 7 Ad	Applied For Not Applicable 75 Additional Ree Required 6.00 May Be dded to Fees or s. 199.032,
26 Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Strict Address of Current Registered Agent DAVIS, RON 215 PINEDA ST. SUITE 181 LONGWOOD FL 32750 Suite, Apt. #, etc. Suite	Not Applicable 75 Additional ee Required 6.00 May Be dded to Fees or s 199.032,
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIS, RON 215 PINEDA ST. SUITE 181 LONGWOOD FL 32750	
DAVIS, RON 215 PINEDA ST. SUITE 181 LONGWOOD FL 32750 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable)	
215 PINEDA ST. SUITE 181 LONGWOOD FL 32750 BA City	
LONGWOOD FL 32750	
	Zia Casla
FL S	Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing it or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register familiar with, and ascept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature and combited region of position agent and the Reportance. NCIt: Received Agent signature required when registering agent and the Reportance.	its registered office red agent. I am
Signature typed or printed name of registered agent and the if applicance. (NOTE: Registered Agent signature required when ronstating): 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	CTORS IN 12
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4. 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. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or once attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

407-257-6156 Destrine Prone #

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