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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000086121 (9)

1. Corporation	MENT # P930(E. TAX & ACCOUNTING SE	00086121 (RVICES, INC.	(9)) 10.21/2017 ALC 10/100 FIRM REMAIN DE	HIT BOOK BOOK I NAKE BIKAN HAKA MARK MAN HAK
Principal Place of Business A.		Mailing Address			
7015 PECAN COURT WINTER PARK FL 32792		7015 PECAN COUI WINTER PARK FL			
				3. Date Incorporated or Qualified 12/13/1993	3a. Date of Last Report 04/11/1995
<u> </u>	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		59-3214792	Not Applicable
22		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Z _I p	Country	Ζφ	Country	8. This corporation has liability for in	Added to Fees
24	25	29	30	Florida Statutes	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	egistered Agent
MUNIC	STON, GERALD W		81 Name		-
7015 P	PECAN COURT R PARK FL 32792		82 Street Add	lress (P.O. Box Number is Not Acceptable	e)
			84 City		05 7Ct-
11 Pursuant to	the provisions of Sections 507 0503	10021000 5 11 0	' '		FL 85 Zip Code
SIGNATURE	s, and accept the obligations of, Section Section OFFICERS AND	ा हर विद्यागीर जेस	20d by the corporation's bods. Oth Registered Agent signature required. 13.		IMIE
TITLE	PO	DELETE	1 1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	Johnston, Gerald W		1.2 NAME		Change Addition
STREET ADDRESS	7015 PECAN COURT		1.3 STREET ADORESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST- ZIP		}
TITLE	VPD	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	EUELL, BUFORD I		2.2 NAME		
STREET ADDRESS	904 BISHOP DR ALTAMONTE SPRINGS FL		2.3 STREET ADDRESS		l
CITY+ST-ZIP TITLE	ALIAMONIE SPRINGS FL	— — — — — — — — — — — — — — — — — — —	2 4 CHY - \$1 - ZIF		
NAME		☐ DELETE	3 1 TITLE		Change Addition
STREET ADORESS			3.2 NAME		
CITY-ST-ZIP			3.3 STHEET ADDRESS		
TITLE		☐ DELFTE	3 4 GiTY - \$T - ZIP 4 1 TIFLE		Change Class
NAME			4 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS		į.
CITY - ST - ZIP			4.4 City - \$T - 7iP		
Tille		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	······································		54 CITY - ST ZIP		
TITLE		☐ DEFELE	6 1 TITLE		☐ Change ☐ Addition
NAME CIRCL ADDRESS			6 2 NAME		
SZERDCA TEERTS			63 STREET ADDRESS		ĺ
CrTY - ST - ZiP			6.4 CITY - 5" - ZIP		

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, I further certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shak have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attractiment with an articless. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

4/24/96 407-677-1688