PRO CORPOI ANNUAL 19	PEIT RATION REPORT  96	FLORIDA DEPARTMENT Sandra B. Mor Secretary of S. DIVISION OF CORP	NT OF STATE tham State		
OCUME orporation Nar IEWCORP	าาย	0088035 (9)		I HERMAN NA NORGANIA ISKI LIKA	
ipal Place of E	Business	Mailing Address		-	Stiff Stiff (Sitt Mill Sties mist dim can
) S MANHATT/ IPA FL 33629	AN	3630 S MANHATTAN TAMPA FL 33629		Date Incorporated or Qualified	3a. Date of Last Report 06/27/1995
				12/28/1993 4. FEI Number	Applied For
rincipal Place	of Business	2a. Mailing Address		59-3215736	Not Applicab
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, €	etc.	27			\$5.00 May Be
City & State		City & State		Flection Campaign Financing     Trust Fund Contribution	Added to Fees
		28 Zip	Country	8. This corporation has liability for	or intangible tax under s 199.032,
Zιρ	Country 25	29 30		Florida Statutes  10. Name and Address of New	
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of the	
			- I	ress (P.O. Box Number is Not Accept	table)
CAIN, MAR	K S		82 Street Addr	ress truo. Eloxitation	
3630 S MA	NHATTAN		83		
TAMPA FL	33629	0502 and 607, 1508, Florida Statutes,	84 City	oration submits this statement for the and of directors. I hereby accept the a	FL 85 Zip Code purpose of changing its registered o
. Pursuant to or registered familiar with	the provisions of Sections 607. d agent, or both, in the State of and accept the objections.	3.65	84 City The above named corporation's boats Supplied Agreed Supplied major	The Control of the Co	purpose of changing its registered of changing its registered agent. Lar
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: ....

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CP

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