## 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     | 1996 |  |  |  |  |
|----------|------|--|--|--|--|
| DOCUMENT | #    |  |  |  |  |

P9400000634 (3)

1. Corporation Name

| Principal Place of Business   Mailing Address   112 FOREST POINT LINE   LONGWOOD FL 32779  | 12/23/1993  O4/24/1995  FET Number  |   |                                    |   |  |  |
|--|---|---|------------------------------------|---|--|--|
| LONGWOOD FL 32779   LONGWOOD FL 32779   3a. Date incorporated or Qualified 12/23/1993   3a. Date of Last Feet 12/23/1993   3b. Part Seet 12/23/1993   3b. Part Seet 12/23/1993   3a. Date of Last Feet 12/23/1993   3a. Date of Last Feet 12/23/1993   3b. Part Seet 12/23/1993   3a. Date of Last Feet 12/23/1993   3b. Part Seet 12/23/19   | 12/23/1993  O4/24/1995  FEI Number 59-2999838  Certificate of Status Desired  Election Campaign Financing Trust Fund Contribution  This corporation has liability for intangible tax under s 199.032, Florida Statutes  O4/24/1995  Applied For Not Applicable  S8.75 Additional Fee Required  \$5.00 May Be Added to Fees  This corporation has liability for intangible tax under s 199.032, Florida Statutes |   |                                    | Mailing Address   | of Business  | Principal Place                            |
| 12/23/1983   04/24/188   2. Principal Place of Business   2a. Mailing Address   2a. Mailing Address   3a. Mailing Address   3a. Mailing Address   3a. Mailing Address   3b. P2999888   No. No. No. Sec.   2a. Suite, Apt. 4, etc.   2b. Suite, Apt. 4, etc.   2b. Suite, Apt. 4, etc.   5b. Certificate of Status Desired   5a. Pee Recommendation   5a.   | 12/23/1993  O4/24/1995  FEI Number 59-2999838  Certificate of Status Desired  Election Campaign Financing Trust Fund Contribution  This corporation has liability for intangible tax under s 199.032, Florida Statutes  O4/24/1995  Applied For Not Applicable  S8.75 Additional Fee Required  \$5.00 May Be Added to Fees  This corporation has liability for intangible tax under s 199.032, Florida Statutes |   |                                    |   |  |  |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Ci | 59-2999838 Not Applicable  Certificate of Status Desired \$8.75 Additional Fee Required  Election Campaign Financing \$5.00 May Be Added to Fees  This corporation has liability for intangible tax under \$199.032, Florida Statutes \$\frac{1}{2}\$ Yes \$ \text{No}\$  |   |                                    |   |  |  |
| Suite, Apt. #, etc. 27 28 29 29 30 30 30 Country 26 29 30 Country 27 29 30 Country 27 20 20 30 Country 30 30 Country 48 30 30 Sirved Address of Country 48 30 Sirved Address of New Registered Agent 40 30 Sirved Address of New Registered Agent 40 30 Sirved Address of New Registered Agent 40 30 30 30 30 30 30 30 30 30 30 30 30 30   | Certificate of Status Desired Section Section Section Campaign Financing Trust Fund Contribution Section Sec  |   |                                    | 2a. Mailing Address   | ce of Business   | 2. Principal Pla                           |
| City & State City & Country City & Co  | Fee Required  Glection Campaign Financing Trust Fund Contribution  This corporation has liability for intangible tax under s 199.032, Florida Statutes  | 59-2999838  |                                    |   |  |  |
| 28   | Trust Fund Contribution Added to Fees  This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No   | 5. Certificate of Status Desired  |                                    | · · · · ·   | ·  |  |
| Zep  | This corporation has liability for intangible tax under s 199.032, Florida Statutes   | · · · · · · · · · · · · · · · · · · ·   |                                    | <del></del>   | <u> </u>   | _ `  |
| Provide Statutes   Provided Statutes   Provi   | Florida Statutes 🔯 Yes 🗌 No   | Trast rand contribution   | Country                            | <del></del>   | <del></del>  |  |
| REYNOLDS, THOMAS M 112 FOREST POINT LANE LONGWOOD FL 32779  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above named corporation submits this statement for the purpose of changing its 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 registered a familiar with, and accept the obligations of, Section 607.0506, Florida Statules.  SIGNATURE  Signature  Title  D  DELETE  D DELETE | Name and Address of New Registered Agent  |   |                                    | <del></del>   | —  |  |
| REYNOLDS, THOMAS M 112 FOREST POINT LANE LONGWOOD FL 32779  11. 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 its reg or registered agent, or both, in the State of Florida, Such change was authorized by the corporation is board of directors. I hereby accept the appointment as registered a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, byed or printed name of registered agent and file if applicable.   |   | 10. Name and Address of New Registers   | 1=-1                               | <del></del>   |  |  |
| 112 FOREST POINT LANE LONGWOOD FL 32779  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Forida Statutes or registered agent, or both, in the State of Florads, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florads, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florads, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent with, and accept the obligations of, Section 607.0500, Florida Statutes.  SIGNATURE  Signature, bysed or printed name of registered agent and the Flagociative.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  III.E  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  III.E  REYNOLDS, THOMAS M  112 FOREST POINT LN  1.2 SAME  III.E D. D. DELETE  1.1 ITILE  D. D. DELETE  2.1 TILLE  D. DELETE  2.2 TILLE  D. Change  Change  THLE  D. Change  THLE  D. Change  THLE  D. Change  THLE  D. Change  Change  THLE  D.  |   | Name  | 81 N                               |   |  |  |
| LONGWOOD FL 32779    83  | . Box Number is Not Acceptable)   | Street Address (P.O. Box Number is Not Acceptable)  | <b>82</b> S                        |   |  |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its reg 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 appointmen: as registered a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent are title if applicable.   PATE: Registered Agent signature required when reinstanting   DATE:   |   |   | 83                                 |   |  |  |
| 11. 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 its regorer degent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, hybrid or printed name of registered agent and title if applicable.   PADTE: Registered Agent signature required when remissioning   DATE:   |   | 01  | 1                                  |   |  | 20,7,0,7                                   |
| 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 registered a familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and bite if applicable.  | FIL 85 Zip Code   | City  | <b>84</b>   C                      |   |  |  |
| 12. OFFICERS AND DIRECTORS  TITLE D REYNOLDS, THOMAS M STREET ADDRESS 112 FOREST POINT LN STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779  TITLE D REYNOLDS, KEVIN M STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779  DELETE REYNOLDS, KEVIN M STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779  DELETE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779  DELETE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779  DELETE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP  | omits this statement for the purpose of changing its registered office actors. I hereby accept the appointment as registered agent. I am  | amed corporation submits this statement for the purpose of<br>iration's board of directors. I hereby accept the appointmen: | s, the above-named by the corporat | la. Such change was authorize<br>on 607.0505, Florida Statutes. | id agent, or both, in the State of Florida. S<br>n, and accept the obligations of, Section 6 | or registere<br>familiar with<br>SIGNATURE |
| TITLE  |   | ······································  |                                    |   |  |  |
| NAME   | ······································  | ADDITIONS/CHANGES TO OFFICERS A   |                                    |   |  | · · · · · · · · · · · · · · · · · · ·      |
| 112 FOREST POINT LN   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   | - Criticipal - Procedure  |   |                                    |   | _  |  |
| CITY-ST-ZIP  |   | ADDRESS   |                                    |   |  |  |
| NAME   |   |   |                                    |   | LONGWOOD FL 32779  | CITY-ST-ZIP                                |
| STREET ADDRESS   112 FOREST POINT LN   2.3 STREET ADDRESS   2.4 CITY - ST - ZIP  | Change Addition   |   |                                    | ☐ DELETE  | D  | TITLE                                      |
| CITY-ST-ZIP  |   |   | 2.2 NAME                           |   |  | NAME                                       |
| TITLE         DELETE         3 1 TITUE         Change           NAME         32 NAME         32 NAME   |   | ADDRESS   | 2.3 STREET ADD                     |   |  | STREET ADDRESS                             |
| NAME   |   | - ZIP   | 2.4 CITY - ST - ZIF                |   | LONGWOOD FL 32779  | CITY-ST-ZIP                                |
| STREET ADDRESS         33 STREFT ADDRESS           CITY-ST-ZIP         34 CITY-ST-ZIP           TITLE         DELETE         4 1 TITLE         Change           NAME         42 NAME           STREET ADDRESS         43 STREET ADDRESS           CITY-ST-ZIP         44 CITY-ST-ZIP   | Change Addition   |   | 3 1 TITLE                          | ■ DELETE  |  | TITLE                                      |
| CITY-ST-ZIP         34 CITY-ST-ZIP           TITLE         DELETE         4 1 TITLE         Change           NAME         42 NAME           STREET ADDRESS         43 STREET ADDRESS           CITY-ST-ZIP         44 CITY-ST-ZIP  |   |   | 3 2 NAME                           |   |  | NAME                                       |
| TIILE         DELETE         4 1 TITLE         Change           NAME         42 NAME           STREET ADDRESS         43 STREET ADDRESS           CITY-ST-ZIP         44 CITY-ST-ZIP   |   | ADDRESS   | 3.3 STREFT ADD                     |   |  | STREET ADDRESS                             |
| NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP  |   | - ZIP   |                                    | ——————————————————————————————————————                          | <del></del>  |  |
| STREET ADDRESS CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  | Change Addition   |   |                                    | T DETEIF  |  |  |
| CITY-ST-ZIP 4.4 CITY-S1-ZIP  |   |   |                                    |   |  | <b>`</b>                                   |
|  |   |   |                                    |   |  |  |
|  | Change Addition   | - ZIP   |                                    | ח הבובדכ  |  |  |
| <b>_</b>   | Change Addition   |   | L                                  | □ percie  |  |  |
| NAME 52 NAME   |   | ADDRESS   |                                    |   |  |  |
| STREET ADDRESS 5.3 STREET ADDRESS 5.4 CT V. CT V | ·   |   |                                    |   |  | l l  |
| CITY-ST-ZIP  | Change Addition   | -10°  |                                    | ☐ DELETE  |  |  |
|  |   |   |                                    | Decer   |  |  |
| NAME   ■ R2 MAME {   |   | 1   | V.C. ISANIL                        |   |  | - V BYIC                                   |
| NAME 62 NAME 5 STREET ADDRESS 6.3 STREET ADDRESS 6. |   | IDDRESS   | 6.3 STREET AND                     |   |  | STREET ADDRESS                             |

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 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 enipowered 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 on an attachment with an address.

SIGNATURE: ≤

SHATURE AND TYPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/54 Date

40) /869- 1955-Dayt nie Phone # CR2E034 (12/