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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: &



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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Principal Place of	f Business	Mailing Address				i lain abiit adiii ai	iair e blia albin saban	18118 1841 8811 1841
1749 LAKE CYP	PRESS DR.	PO BOX 6951						
SAFETY HARBO	OR FL 34695	CLEARWATER F US	L 34618					
		US			3. Date Incorporated 03/31/1994	or Qualified	3a. Date of La 05/01/	1995
2. Principal Piace		2a. Mailing Addre	SS		4. F£I Number 59-322963	,	-	Applied For Not Applicable
1 <b>2068 Su</b> Suite, Apt. #,	USET PT. RO	26 Suite, Apt. #,	etc				\$8	.75 Additional
Suite, April #,	etc.	27	U.O.		5. Certificate of Statu	s Desired		Fee Required
City & State		City & State			6. Election Campaign			5.00 May Be
3 CLEAR	PWATER	28			Trust Fund Contrib			idded to Fees
Zip   <b>  フルノ</b> 〜 ー	Country	<i>Z</i> ip <b>29</b>	30 Cou	rity	This corporation has Florida Statutes	as kadility for in Yes		199,00¢,
4 34625	9. Name and Address of Curren		[30]		10. Name and Addre			1
				81 Name				
	ngill, Edward a			82 Street	Address (P.O. Box Number is	Not Acceptable		
	E CYPRESS DR.			83 0	8 SUNSET FT.	Ko, "	102	
SAFETY H	IARBOR FL 34695			"+ <i>C.t.</i> =	ARWATER			
				84 City			FL 85	Zip Code 34/2 5
11 Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida	Statutes, the abo		NRWAPER proporation submits this statement	ent for the purp	vose of changing	its registered office
or registered	the provisions of Sections 607.0502 d agent, or both, in the State of Florid , and accept the obligations of, Sect	da. Such change was a ion 607.0505. Florida S	authorized by the o Statutes	corporation's	board of directors. I hereby as			
SIGNATURE	Bestherry	F.A.	EATHE	RIVEL	//	9	1/18/90	<u></u>
শ্ব	griature, typed or printed name of registred agent	ало ше и вррисатие	[NOTE: registered	Agent signature r	oouired when remstating		- CM-L	
					ADDITIONS/CHAN	K4E5 IUJUEEN	CERS AND DIRE	CTORS IN 12
		D DIRECTORS	13.	IITLE	ADDITIONS/CHAN	IGES TO OFFIC	CERS AND DIRE	CTORS IN 12 ange
TITLE	D	D DIRECTORS DELE					<b>⊅</b> Cha	ange 🗌 Addition
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TITLE NAME STREET ADDRESS	D		TE 1.11 12 N 1.3 S	AME			<b>⊅</b> Cha	ange 🗌 Addition
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OFFICER OR DIRECTOR - ENTH ERNG 1 1 4/18/96 813-477-7406