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

P94000027218 (4) **DOCUMENT #**

ncipal Place of Business	Mailing Address
1524 CARNAHAN AVENUE	1524 CARNAHAN AVENUE
ARCADIA FL 33821	ARCADIA FL 33821

|--|

								3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995
Principal Place of Business 1			2a. 26	2a. Mailing Address 26 2413 5.E. Hwy 31				4. FEI Number Applied For 65-050 1826 Not Applicable
Suite, Apt. #, etc.			27]	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State				City & State			2280 /	6 Floation Comparing Financing
23 Zip		Country	28			Country		
24	25	Country	29	Zp 33821			•	8. This corporation has fiability for intangible tax under single 199.032, Florida Statutes ☐ Yes ☐ No
		nd Address of Curr				ÚE.	SOTO	10. Name and Address of New Registered Agent
						81		
MARTIN,	A.P.						6	>Ybil GIANGUZZO
14 N. DE	esoto aven	IUE				82		Idress (P.O. Box Number is Not Acceptable)
ARCADIA	4 FL 33821					83		8419
						84	City	GREADIA FL B5 Zip Code 3382/
11. Pursuant to	o the provision	s of Sections 607.050	02 and 60	7.1508, Florida Statut	es, the a	bove	paged corry	virging submits this statement for the purpose of changing its registered office
familiar wit	eu agent, or bo th, and accept :	the goligations of, Se	rida. Sucr ction 607.	i change was authoriz 0505, Florida Statutes	ea by th i.	e corp	poration's bo	oard of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE 💉	Lybel .	Beaugusse	, (5	ybil GIAI	v64.	220)	4-28-96
12.	Signature, typed or p	orinted name of registered age OFFICERS A			lie Bogste		nt signatura requi	ADDITIONS (CLANICE TO OFFICERS AND DIRECTORS IN ADDITION OF THE COMMENT OF THE COMME
TITLE	PTSD	OF TOURS A	IND LAIME	DELETE	*	3. 1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	MORENO,	J. JESUS		betate		2 NAME		Change Addition
STREET ADDRESS	1524 CADMAHAM AVENUE						T ADDRESS	
CITY-ST-ZIP	ARCADIA	FL 33821				a City-:		
TITLE				☐ DELETE		1 TITLE	51-21	Change Addition
NAME					1	2 NAME		
STREET ADDRESS	DDRESS						TADDRESS	
CITY-ST-ZIP						24 CITY-ST-ZIP		
TITLE				DELETE		1 THILE	<u> </u>	Change Addition
NAME					32	NAME		/ •
STREET ADDRESS					33	9. STREE	T ADDRESS	
CITY-ST-ZIP					3 4	4 CITY - S	ST-ZIP	
TITLE			•	DELETE	4.	1 TITLE		☐ Change ☐ Addition
NAME					4.2	NAME	1	
STREET ADDRESS					4.3	STREET	T ADDRESS	
CITY-ST-ZIP					4.4	4 CITY - S	ST - 7IP	
THILE				☐ DELETE	5	1 TITLE		☐ Change ☐ Addition
NAME					5.2	NAME		
STREET ADDRESS					5.3	STREET	I ADDRESS	
CITY-ST-ZIP						CITY-S	ST-ZIP	
TITLE				DELETE	6	1 TITLE		Change Addition
NAME					6.2	NAME		
STREET ADDRESS					6.3	STREET	ADORESS	
CITY-ST-ZIP					64	CITY-5	ST-ZIP	

1 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 on an attachment with an address. 941-494-5355

SIGNATURE:

GONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 941_ 456-8226
Date Destrict Prince #