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

P94000027444 (6)

Corporation Name

DOCUMENT #

rincipa' Piace of Business _.	Mailing Address
4410 N.W. COUNTY ROAD 326	4410 N.W. COUNTY ROAD 326
OCALA FL 34482	OCALA FL 34482

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				3. Date incorporated or Qualified 04/11/1994	3a. Date of Last Report 09/25/1995				
Pancipal Pla	ice of Business	2a. Mailing Address	3			4. FEI Number			Applied For
		26				59-3275515		اللي	Not Applicable
- Suite, Apt. ≢ 	¥, etc	Suite, Apt. #, et	tc.			5. Certificate of Status Desired			Additional Required
Orty & State		City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Ζφ	Country 25	7ıp 29	30 Co.	intry	,	8. This corporation has liability for in Florida Statutes Yes			
	Name and Address of Curre	ent Registered Agent				10. Name and Address of New R	egistered A	gent	
				81	Name				
	ON, MICHAEL W 'THIRD STREET			82	Street Addre	oss (P.O. Box Number is Not Acceptab	le)		
	FL 34475			83				,	
				84	City		FL	85 Zi	p Code
familiar wit GNATURF	h, and accept the obligations of, Se Studius typed or protect name of registeres ag	ection 607.0505, Florida Sta	atutes.		nt signature required	ation submits this statement for the pur d of directors. I hereby accept the apport	DATE		
	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12
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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 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.

SIGNATURE:

IGNATURE AND TWO DELPHINGS NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 352-629-2099