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

P94000031568 (6)

1. Corporation		0031568 (6)		
Principal Place of Business 1427 ENISWOOD PARKWAY PALM HARBOR FL 34683		Mailing Address 1427 ENISWOOD PARKWAY PALM HARBOR FL 34683		I IOSTIONI NO IDILI BTOIL BOSIN DONI DONI BRIDE HIOI IIDIA BINE BHOI IDII TUBI 	
				3. Date Incorporated or Qualified 04/26/1994	3a. Date of Last Report 05/01/1995
Principal Place of Business 21		2a. Mailing Address 26		4. FFI Number 59-3241843	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State	е	City & State		6. Efection Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	2 ₍₀	Country 30		□No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	legistered Agent
1427 E	BRIDGET INISWOOD PARKWAY HARBOR FL 34683		82 Street Addr 83 84 City	ess (P.O. Box Number is Not Acceptal	FL 85 Zip Code
SIGNATURE.	Superior type for contest name of registering a year		orized by the corporation is bookites. short: Response April signal remains 113.		SATE CLORS IN 12
12. TITLE	DPST OFFICERS AL	DELETE	1 111111.6	7,10,0,10,10	Change Addition
NAME STREET ADDRESS	EGAN, BRIDGET 1427 ENISWOOD PARKWA' PALM HARBOR FL 34683	Y	12 NAME 13 STREET ADDRESS E4 CITY - STIZE		
TITLE NAME STREET ADDRESS		☐ DELETE	2 1 files 2 2 NAME 2 3 SIREFT ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	2.4.C.TY-ST_ZIP 3.1.T/LE 3.2.NAME 3.3.STREELADDRESS		Change Addition
STREET ADDRESS CHY+SI-ZIP TILLE NAME		DELEIE	3.4 CHY - ST - ZIF: 4.1 TRUE 4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS CITY-SI-ZIP TITLE NAME		DELFTF	4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TILE 5.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE	3	C) DELETE	5.3 STREET ADDRESS 5.4 CT* - ST Zt* 6.1 TITE 6.2 MARK		Change Addition
NAME SIREFFADDRESS	5		6 2 NAME € 3 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 significant shall have the same legal effect as if made under early, that I am an officer or director of the coporation 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 chapted, direction with an address.

6.4 City - \$1 - Z-P

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

STUBEL SIA BRIDGET EGAN 4/27/98 8138435929 SIGNATURE AND TYPE COM PRINTED NAME OF KNING OFFICER OR DIRECTOR

CR2E034 (12/95)