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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

P94000052858 (5)

DOCUMENT #

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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	AIT, INC.				·				
Principal Place of I	Business	Mail	ing Address						
10391 NW BETS	Y PKY		391 NW BETSY PKY						
SY JAMES FL 33956			ST JAMES FL 33956			3. Date Incorporated or Qualified			
		20	Mailing Address			4. FEI Number		Ap	plied For
Principal Place	of Business	26	Main id voness			<del>50 3276485</del> 59-	276485	7 No	ot Applicable
Suite, Apt. #, 6	etc.		Suite, Apt. #. etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
]		27				6. Election Campaign Financing		\$5.00	
City & State		}ı	City & State			Trust Fund Contribution			to Fees
<u></u>	Country	28		Count	ry	8. This corporation has liability for	intangible tax	unders 1	99.032,
Ζιρ ]	25	29		30			s No	anni	
	9. Name and Address of Curre	nt Regist	ered Agent			10. Name and Address of New	Hegistered A	90111	
				18	Mame.				
HESSLER, RAY					Street Addr	dress (P.O. Box Number is Not Acceptable)			
	V BETSY PKY			1	33				
SI JAMES	S FL 33956			-				<b>85</b> Zip	Code
					Gity	ration submits this statement for the pard of directors. Thereby accept the ap	<u>FL</u>	1 1	
51				OF BUJSHRUA	dien zeiner zu der ser zus	of where on stategy	DATE	EUD FOTO	00 141 10
12.	gnature, typed or printed name of registers Lagr OFFICERS A	ND DIRFC	TORS	13.	/ /	ADDITIONS/CHANGES TO OF	FICERS AND		RS IN 12
12.	OFFICERS A	ND DIRFC		13.	ıi	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 12
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section \*19,07(3)(k). Florida Statutes 1 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 marks 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

5-8-96 941-283-0200