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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P94000067349 (8) **DOCUMENT #** 1. Corporation Name

Principal Place of Business Mailing Address									
8704 JASMINE BLVD. PORT RICHEY FL 34668			8704 JASMINE BLVD PORT RICHEY FL 34						
						3. Date incorporated or Qualified 09/13/1994		of Last Re 05/01/19	
	ace of Business	⊢ -¬	Maling Address			4. FEI Number	1		Applied For
21		26				59-3269746			Not Applicable
Suite, Apt. i	#, etc	27	Suite, Apt. #, etc			5. Certificate of Status Desired			Additional Required
City & State	9	1-1-	City & State			6. Election Campaign Financing			
23		28	•			Trust Fund Contribution			O May Be d to Fees
Zip	Country		Zφ	Country		8. This corporation has liability for it	ntangible ta		
24	25	29		30		Honda Statutes LYes			
	9. Name and Address of Curre	nt Regist	ered Agent			10. Name and Address of New R	egistered A	Agent	
AA11	UEA LABBU I			81	Name				
GONZALES, LARRY J 6645 RIDGE ROAD				82	Street Add	ress (P.O. Box Number is Not Acceptable	ej		
PORT RICHEY FL 34668			83						
				84	City			85 Zip	p Code
						ration submits this statement for the purp	FL		
SIGNATURE	Strature typed or prodest facility of response Layers OFFICERS AN			DE Fog acre't Age	Sur Car acquire	diabetic ordera ADDITIONS/CHANGES TO OFF#	DATE CERS AND	DIRECTO	RS IN 12
TITLE	D		DELETÉ	1.11H(£				Change	☐ Addition
NAME	FRAIZE, DONALD			L2 NAME					
STREET ADDRESS	8704 JASMINE BLVD.			13 STREET	ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL 34668			14 CITY - S	- ZiP				
TIFLE	D LACEY PONALD		Delete	2 1 TIFLE] Change	Addition
NAME	LACEY, RONALD			2.2 NAME					
STREET ADDRESS	8704 JASMINE BLVD. PORT RICHEY FL 34668			2 3 STREET					
CITY - ST - ZIP TITLE	FORT RICHET PL 34008		[] DELETE	24017-5	1 - ZiP	······································		7.0	FT 4488
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NAME				4.2 NAME			L	7 2 12 19c	
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CITY-ST ZIP				4.4 CITY - S					
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NAME				SI2 NAME			_		
STREET ADDRESS				5.3 STHEET	ACIORESS				
CHTY - ST - ZIP				5.4 CHY-S	-712				
TITLE			☐ DELETE	6 1 THE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CHY - S1	- ZIP				
	codify that the information expelled a								

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 suppliemental 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:

SIGNATURE AND TYPEO OR PRINTED HAME OF SIGNAM OFFICER OR DIRECTOR

ROD M. LOCAL DESCRIPTION OF SIGNAM OFFICER OR DIRECTOR

4/25/96

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(813)724-0171

Digrane Phone #