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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P94000071404 (5)

Principal Place o	VAY PORTABLE BUILDIN	NGS OF MARIANNA,	NC.		
Principal Piace of Eusiness  4215 LAFAYETTE ST MARIANNA FL 32446		4215 LAFAYETTE ST MARIANNA FL 32446			
				3. Date incorporated or Qualified 09/28/1994	3a. Date of Last Report 05/01/1995
Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite Apt. #, etc.		26		59-3269715	Not Applicable
2 2		Suite, Apt. #, etc.		5. Certificate of Status Desired	SB.75 Additional Fee Required
City & State		Oty & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Ζφ 1	Gountry 25	Ζιρ <b>29</b>	Country 30	8. This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, s
'I .	9. Name and Address of Curr			10. Name and Address of New	
			81 Name		
KOPPE			82 Street Ad	Idress (P.O. Box Number is Not Accepta	ible)
	AFAYETTE ST		83		
MARIAN	INA FL 32446		63		
			84 City		FI 85 Zip Code
tarnilar wito, SIGNATURE	and accept the colligations of, Se	ection 607.0505, Florida Statul	rized by the corporation's bo es.  NOTE Begistreed Agent Sociative requ		DATE FICERS AND DIRECTORS IN 12
1111.6	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OF	Change Addition
Nam	KOPPEL, DALE		1.2 NAME		
STREET ADDRESS	4215 LAFAYETTE ST		1.3 STREET ADDRESS		
City ST-ZIE	MARIANNA FL 32446		1.4 C(TY - S1 - Z(P		
IILE		DELETE	2 1 TITLE		Change Addition
NAME STREET ADDRESS			2 2 NAME		
OBY-ST ZIE			2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
inte		DELETE	3. 1 TITLE		Change Addition
W.S.			3 2 NAME		<b>-</b> -
SERVET ADDRESS			3.3 STREET ADDRESS		
JIY-ST-ZIF			3 4 CITY - SI - ZIP		
iftf		DELETE	4. 1 TITLE		Change Addition
NAML Succession			4.2 NAME		
DIRECT ADDRESS DITY-SE-ZIP			4.3 STREET ADDRESS		
Mili		DELETE	4 4 CITY - S1 - ZIP 5 1 TITLE		☐ Change ☐ Addition
		bourd	5.2 NAME		
JAME JMAP			5 3 STREET ADDRESS		
i			5.4 CITY - ST - ZIP		
STREET ADDRESS		☐ DELETE	6. 1 TITLE		Change Addition
NAME STREET ADDRESS COLY SE ZIP THES					
STREET ADDRESS COLY SE ZIP THEE VAM:			6.2 NAME		<u> </u>
STREET ADOPESS DOLY STEZIE DIES			6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-S1-ZIP		

**SIGNATURE:** 

SHATURE AND TYPE CAPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96 1-904-482-8682.

32E034 (12/95)