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

CORPORATION ANNUAL REPORT



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

1996

1. Corporatio	MEN!# <b>P9400</b> TERPRISES OF NORTH FLO	DRIDA, INC.	·)					
Principal Place	e of Business	Mailing Address			1 100/1001 \$18 10101 01011 01611 0011		VV	<b>                                     </b>
1510 PARADISE BAY DRIVE 1510 PARADISE BAY DR GULF BREEZE FL 32561 GULF BREEZE FL 32561								
					3. Date Incorporated or Qualified 10/11/1994	1	of Last Re	
n '	tace of Business	2a. Mailing Address			4. FEI Number 59-3272533			Applied For Not Applicable
Suite Apt	#. etc.	Suite, Apt. #, etc.						Additional
		27			5. Certificate of Status Desired			Required
City & Stat	le	Orty & Stale			Election Campaign Financing     Trust Fund Contribution			May Be
Zip []	Country 25	7 <sub>(P</sub>	Countr	у	8. This corporation has liability for in Florida Statutes Yes	intangible ta	ax under s	199.032,
J	9. Name and Address of Curren			· ·· · - · · · · · · · · · · ·	10. Name and Address of New R		Agent	
			81	Name				
Cohron, Barbara J 1510 Paradise Bay Drive Gulf Breeze Fl 32561			82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
			83	3	== . = . = <del> = </del>			<del></del>
GULF I	DREELE I E 32301		84	City			85 Zış	Code
				'''	ration submits this statement for the pur	FL	,   '   '	
SIGNATURE	Signature, Spord or printed name of registered agent OFFICERS ANI	DIRECTORS	13.	· · · · · · · · · · · · · · · · ·	characteristical and the control of			
ITLE	P COUDOM PADRADA I	DELETE	1. 1 TITLE	1		ı	Change	Addition Addition
HAME THEFT ADDRESS	COHRON, BARBARA J 1510 PARADISE BAY DRIVE		1.2 NAME 1.3 STREE	L ADDRESS				
HREE FACAURESS	GULF BREEZE FL 32561		1.4 CITY -					
IFLE	VP	DELETE	2 1 7111.5	··· ··· · · · · · · · · · · · · · · ·		[	Change	Addition
YAME	ABBEY, THOMAS D		2.2 NAME					
THEFT ADDRESS	1510 PARADISE BAY DRIVE. GULF BREEZE FL 32561			ET ADDRESS				
UTY-ST-ZIP UTLE	S	[] DFLFTE	2.4 CITY - 3.1 T LE			]	Change	Addition
IAME	ABBEY, THOMAS D		3.2 NAME					
TREET ADDRESS	101011111111111111111111111111111111111			FLADDRESS				
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AME			5.2 NAME	<b>I</b>				
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CITY - ST - ZIP DTLE		DELETE	6 1 Till (				Change	Addition
NAME		_	6.2 NAME					
THEFT ADDRESS				ET ADDRESS				
	1		C 1 (007.4)	S1.70				

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 logal 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 BARDHRA COLRON 4-1-96 904-932-6467

SIGNATURE: Barbare