## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P940000 77256

FILED Aug 08 1996 8:00 am Secretary of State



Principal Plac	ce of Business	Mailing Address		
	IZTHST.	1630	12th, ST mont, Fin 34 H	3. Date incorporated or Qualified 3a. Date of Last Report
Clare	MONT, FLA 34711	Clea	MONT FLA 3471	10/20/94 2/2/M
	Place of Business	2a. Mailing Address	3	4. FEI Number 593192379 Applied F
21 Cuito Amb	H _1.	26		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc	?	5. Certificate of Status Desired \$8.75 Additional
City & Sta	te	City & State		Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes Yes No
	9. Name and Address of Curr			10. Name and Address of New Registered Agent
-	<b>^</b>	I. DWAYNE GRA	81 Name	
	5	obering, GRAYB	Street Addre	ess (P.O. Box Number is Not Acceptable)
	· 20	15. GRANGE	AVE	
	_	obering, GRAY & 15. GRANGE SUITE 760	83	
•	134 1	endo, FEA 32	<b>64</b> City	<b>85 Z</b> ip Code
44 Duraman				
				oration submits this statement for the purpose of changing its registered on s board of directors. Thereby accept the appointment as registered
agent La	am familiar with, and accept the obli	gations of, Section 607.050.	5, Flor.da Statutes.	we bound of the colors of more by accept the appointment as registered
SIGNATURE	Signature type for convenience at registered a			
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	(AOTE Registered Agent's grafule require  13.	
TiTLE	PRESIDE	DELET	E 11 TOTO E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Adultor
NAME		MARKI. KMBY 1630 12 tm st ICK MONT, FLAG	ZA 12 NAME	E counts E value
STREET ADDRESS	منتنب	1630 12 Fr. 50	1.3 STREET ADDRESS	
CITY-ST-ZIP			97// 14 CiTY-S1-ZIP	
TITLE	VICE PRES. + S	CATCHARY DELETI	2111711	Change   Add Mion
NAME	anthony m.	SOACEL	2.2 NAME	
STREET ADDRESS	PO BOX 67	5280 NIT	2 3 STREET ADDRESS	
CITY - ST - ZIP	RANCHO Santa	FE CAG. 720	2 4 CITY - ST - ZIP	
TITLE	TREASURER	DELETI		Change Addition
NAME	Bagen A. KI	Market S. C.	3 ? NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP	onlando, Li	<b>1</b>	3.4 CITY-ST ZIP	
TITLE	,	DELETE	4 1 TITLE	Change Addition
NAMÉ			4 2 NAME	
STREET ADDRESS			4.3 STREFT ADDRESS	
CITY-ST-ZIP	l		4.4.CITY-ST-7IP	
TITLE		DELETE	5 I TITLE	Change Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY - ST - ZIP			5 4 CITY - ST - ZIP	
TITLE		DELETE	6 1 TITLE	200001917752Mange Addision -08/09/9601033018
NAME			6 ? NAME	-08/09/9601033018
STREET ADDRESS			6 3 STREET ADDRESS	***225.00
CHY-ST-ZIP		ad with this filling is yell into:	64 CITY - ST - ZIP	

I do nereby 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 1 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 617. Florida Statutes, and that my name appears in Block 12 or bick 13 if changed, O in an attackment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

8/4/96 (44)5707699