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

PROFIT



ELORIDA DE PARTMENT DE STATE

CORPORATION ANNUAL REPORT 1996			Sandra B. Mortham Secretary of State D:VISION OF CORPORATIONS			
1. Corporation	on name	40000780)		
Robi	ert s. McDaniel, Jr	., attorney at l	AW, P.A.		 128/1881 184 1871 1860 1870 18	IIII 2010 Bahii 1900 Juliy Adan Alan Dan Rod
Principal Place of Business Mailing Address			ress		1 HOUNGO DA PONT RUEN ORDE A	
			ST STREET (A FL 34236			
					 Date Incorporated or Qualified 10/25/1994 	3a. Date of Last Report 07/26/1995
21			2a. Mailing Address 26		4. FET Number 65-0529437	Applied For Not Applicable
Suite, Apt	Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & St	ate		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	Country 25	Ζφ 29		Country	8. This corporation has liability for	Added to Fees intangible tax under s 199.032, s \(\sum \) No
MODA	9, Name and Address of		ent	81 Name	10. Name and Address of New	
1444 F	NIEL, ROBERT S JR. FIRST STREET SOTA FL 34236				ddress (P.O. Box Number is Not Acceptal	ble)
0,000	70 IA 1 E 04200			83 84 City		85 Zip Code
11. Pursuant or registe	to the provisions of Sections 60 red agent, or both, in the State	07.0502 and 607 1508, Ft of Floridal Such change v	orida Statutes, vas authorized	the above named corp by the corporation's bo	poration submits this statement for the public and of directors. Thereby accept the app	ripose of changing its registered office
SIGNATURE		, , , , , , , , , , , , , , , , , , , ,	out Olerates.			ontinion dis registered agent. Fam
12.	Signature typed or printed name of registe OFFICE	RS AND DIRECTORS		Registered Agent signature resp	· · · · · · · · · · · · · · · · · · ·	DATE
TITLE	D		DELETE	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
NAME	MCDANIEL, ROBERT S		L'ECETE.	1.2 NAME		Change Addition
STREET ADDRESS	1444 FIRST STREET			L3 STEEL ADDRESS		
CITY-ST-ZiP	SARASOTA FL 34236			14 CITY - \$1 - 712		
TITLE			DELETE	2 1 11"(.6		☐ Change ☐ Addition
NAME				2.2 NAME		- I make
STREET ADDRESS				2.3 STREET ADDRESS		
CITY - ST - ZIP			* * * * * * * * * * * * * * * * * * * *	2.4 City - 51 - ZiF		
TITLE	DELETE			3 1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY+ST-Z-P TITLE			or, ere	3.4.C/TY - ST - Z/P		<u></u>
NAME			DELETE	4 1 T:TLE		Change Addition
STREET ADDRESS				4.2 NAME		
CITY-ST-ZIP				4.3 STREET ADDRESS		
TITLE			DELETE	4.4 CITY - ST ZIP		
NAME		<u>.</u>		5 1 TITLE 52 NAME		Change 🔲 Addition
STREET ADDRESS				53 STREET ADDRESS		
CITY-ST-ZIP				£ 4 City - St - Zip		
TITLE		П	ELETE	6 1 TIFLE		Change Addition

6.4 CINV - ST - ZIP 14. I do hereby certify that the information supplied with this faing 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 legal effect as if made under appears in Block 12 or Block 13 if mangan, or or an attraction of the regery or trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: *

STREET ADDRESS

AND THE OF THE STATE OF STATE

4/22/96 (941) 952 - 1500 (Aythe Prince)