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. Morthan
Scoretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9400086363 (6)

Principal Place of Business Mailing Address 13155 SPRING HILL DRIVE 1421 EXOTIC AVENUE STEM M SPRING HILL FL 34609								
US						3. Date Incorporated or Qualific	I	ite of Last Report
2. Principal Pic	ace of Business	2a. Mailing Add	iress			11/28/1994 4. FEI Number	1 00/	/10/1995 Applied For
1		26				59-3284500		Not Applicat
Suite, Apt #	#, etc	Suite, Apt #	ŧ, etc			5. Certificate of Status Desired		\$8.75 Additional
City & State		27					. L	Fee Required
City & State	;	City & State	!			6. Election Campaign Financing Trust Fund Contribution	' [\$5.00 May Be Added to Fees
Zıp	Country	7ip	· · · · · · · · · · · · · · · · · ·	Country		8. This corporation has Lability I	or intangible	****** ***** ** ** ** ** ** ** ** ** **
	25	29	3	10		Florida Statutes	Yes [] No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New	Registered A	\gent
ROT	THENBERG, THOMAS C			81	Name			
	1 EXOTIC AVENUE			82	Street Add	ress (P.O. Box Number is Not Accep	table)	
SPR	RING HILL FL 34609			83				
				84	City			85 Zip Code
-				da Statutés				
GNATURE	Signature, typed or proteon arms of registered a OFFICERS A	gen and the diapplicable.				red when recistating): ADDITIONS/CHANGES TO OF	DAL:	DIRECTORS IN 12
SIGNATURE		ND DIRECTORS		Registered Age				DIRECTORS IN 12
SIGNATURE 2.	OFFICERS A PSTD ROTHENBERG, THOMAS C	ND DIRECTORS	(Ñ.)(E.)	Registered Age				
SIGNATURE 2. ITLE IAME	PSTD ROTHENBERG, THOMAS C 1421 EXOTIC AVENUE	ND DIRECTORS	(Ñ.)(E.)	flegistered Age	ent signature in Qui			
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further certify that the information indicated on this annual report or supplemental annual report is true and accorate 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR

8-6-96 (352)66-7001