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 # P94000089027 (4)									
DAVID C. GOODRICH AND ASSOCIATES, INC.									
Principal Place of Business Mailing Address			OSS			i idalidal (ib ibiik bibii balii ba		18 II 9 FB+ 00	ille lällät läät 1881
1627 CLOWE SARASOTA	ER CREEK DRIVE. UNIT TR-165 FL 34231		1627 CLOWER CREEK DRIVE. UNIT TR-165 SARASOTA FL 34231						
0.00						3. Date Incorporated or Qualified	3a. Date	of Last Re	port
						01/01/1995	L		
2. Principal Pac 21	e of Business	2a. Mailing Address 26	ı. Mailing Address 			4. FEI Number 06-1086807	Applied For Not Applicable		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.	₁			5. Certificate of Status Desired			Additional Required
City & State	4.00	City & State				6. Election Campaign Financing			May Be
23 Zip	Country	28 Zio	8 Country			Trust Fund Contribution Added to Fees 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 Current	Registered Agent	81	Name		10. Name and Address of New R	egistered .	Agent	
AMERIL 343 ALI	awyer Meria avenue		82			s (P.O. Box Number is Not Acceptab)	c) . -		
	GABLES FL 33134		83						
			84	84 City			FL	85 Zrp	Code
11. Pursuant to or registere	the provisions of Sections 607.0502 a d agent, or both, in the State of Florida	nd 607,1508, Florida Statut Such charige was authoriz	es, the above red by the corp	L named co oration's	rporati board	on submits this statement for the purp of directors. Thereby accept the appo		unging its re registered	egistered office agent. I am
tamiliar with SIGNATURE	, and accept the obligations of, Sectio	n 607.0505, Florida Statutes							
Ś	grature, typed or printed name of registered agent at		OIL Registered Ager	seguature r	operad v		DATE	F-17-5-03-00	
12. Trīlf		OFFICERS AND DIRECTORS 13		I		ADDITIONS/CHANGES TO OFF		Change	RS IN 12 Addition
NAME	P	L.J better	1 1 TIFLE 12 NAME			, T Roibi Gicanad A	-		7,130-(10)1
GOODRICH, DAVID C STREET ADDRESS 1627 CLOWER CREEK DRI		LINIT TO 185		13 STREET ADDRESS 1/2		Briel, Eleanor / 7 Clower Creek D	RIVE.	TR-16	5
CITY-SI-ZIP SARASOTA FL 34231		., ONIT 111-100	14 CPY-S)-7P		SA	7 CLOWER CREEK D RASOTA, FL 3423	1		
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NAME			2.2 NAME						
STREET ADDRESS			2 3 STREE! ADDRESS						
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CHY+SI+ZIP			3.3 STATE						
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NAME			4.2 NAME						
STREET ADDRESS			4.3 STREE	ADORESS					
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NAME			6.2 NAME						
STHEET ADDRESS			6.3 STREET						İ
CITY-S*-ZIP	certify that the information supplied w	to this files is voluntarily for	64 CHY-S		L for	the evaruntion stated in Section 110	07/38/M FIG	vrida Statut	es I further
certify that t	be information indicated on this annual	ior one imig is voiu italily tori I recort or supplemental and	nanco and doe nual report is tri	o nor que Jo and ac	any ior courate	and that my signature shall have the	same lega!	effect as if	made under

certing that the information in bloaded on this annual report or supplementar annual report is true and accurate and that my signature shall have the same legal effect as it made under eath; that I am an officer or director of the corporation or the receiver or truebe 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.

SIGNATURE:

David C. Goodrich 7-1-96 C547.366.7941