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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P94000092260 (6)

SANDIE HARRISON, P.A.

Principal Place of Business Mailing Address					IN BENTA BENTA BENTA NATIO NABLE NISTO BANTO BENTA NEGL
2701 SOUTH RIDGEWOOD AVENUE SUITE 10-C SOUTH DAYTONA FL 32119		2701 SOUTH RIDGEWOOD AVENUE SUITE 10-C SOUTH DAYTONA FL 32119			
				3. Date Incorporated or Qualifier 12/19/1994	3a. Date of Last Report 05/01/1995
21		2a. Mailing Address 26		4. FEI Number 59-3	286 489 Applied For Not Applicable
Suite, Apt.		Suite, Apt. #. etc.		5. Certificate of Status Dosired	\$8.75 Additional Fee Required
Oity & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Z-p 29	Country 30		or intangible tax under si 199.032, es
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New	Registered Agent
11400	10011 0111DIE		81 Name		
HARRISON, SANDIE 1381 ARBOL GRANDE CIRCLE			82 Street	Address (P.O. Box Number is Not Accept	able)
DAYTONA BEACH FL 32119			83		
·			84 City		FL 85 Zip Code
familiar with SIGNATURE	ed agent, or both, in the State of Flo th, and accept the obligations of, Sec Signature type for miletinance implies days	tion 607.0505, Florida Statute	Zed by the corporation's S	orporation submits this statement for the p board of directors. Thereby accept the ap	rurpose of changing its registered office pointment as registered agent. I am
12.	OFFICERS A	ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TITLE		Change Add tion
NAME Street address	Harrison, Sandie 1381 Arbol Grande Cii	DOLC.	1.2 NAME		
CITY-SI-ZIP DAYTONA BEACH FL 321			1.3 STREET ADDRESS		
TITLE	DATIONA DENOTIFE 321	☐ DEFELE	2 1 TITLE		ET Obs.
NAME			2 2 NAME		Change Addition
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 THILE .		Change Addition
NAME			3.2 NAME		j
STREET ADDRESS CITY - ST - ZIP			3.3 STREET AUDRESS		
TITLE		DELETE	34 CHY-ST-ZIP	<u> </u>	96746
NAME		C Milli	4 1 TITLE 14 2 NAME	6000018 -05/14/9601	1 Add tron
STREET ADDRESS			4.3 STREET ADDRESS	***200.00	
DITY-ST-ZIP			4 4 CiTy - ST - ZiF		
†if L€	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		· _
STREET ADDRESS			5.3 STHEFT ADDRESS		
CITY - ST - ZIP TITLE		Fig DELETE	5 4 CITY - ST - ZiP		
NAME		DELETÉ	6 1 T-TLE		Change Addition
STREET ADDRESS			6.2 NAME		
CITY OF NO			6.3 STREET ADDRESS	-	- 1 61 .0

14. I do hereby certify that the information supplied with this filing is voluntarly furnished and does not quarry for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information indicated on this annual report or supplymental 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 -84-438-2600