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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P95000001973 (3)

DOCUMENT # IPS OF 714 INC

1. Corporation Name

OF OF ZIA, INO.	
Principal Place of Business	Mailing Address
2740 II C LAWY 27 AMOUTH	5745 U.S. 1840/ AN MARKET



Principal Mailing Address Mailing Address							· · · · · · · · · · · · · · · · · · ·		
2740 U.S. HA SEBRING FL	WY. 27 NORTH 33872	2740 U.S. HWY. 27 I SEBRING FL 33872	NORTH						
				·	3. Date Incorporated or Qualified 01/06/1995	3a. Date	of Las	l Report	
	ace of Business	2a. Mailing Address			4. FEI Number)		Applied For	
Suite, Apt.	# etc	26 Suite Ant # ote			85-0549098			Not Applicable	
22		Suite, Apt. #, etc. 27			5. Certificate of Status Desired			75 Additional ee Required	
City & State	?	City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	7 _{IP}	Countr	v	B. This corporation has liability for in	ntangible tay			
24	25	29	30	•	Florida Statutes Yes		unde	13 183.002,	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered A	gent		
_			81	Name					
	JERRIE L S. HWY. 27 NORTH		82	Street Add	dress (P.O. Box Number is Not Acceptable)				
SEBRING	G FL 33872		83	3					
			84	City		FL	B5	Zip Code	
11 Pursuant t	a the provisions of Sections 607.050	2 and 607 1509 Florida Stat.	too the electric	1	pration submits this statement for the purp		<u>Ļ.l</u> ,		
SIGNATURE .	Signature, typed or printed name of registered ag-	nt and little flapplicable.	PS. NOTE: Rug stered Ago			DATE		.	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND [DIREC	TORS IN 12	
TITLE	D CHITH IEDDIE I	DELETE	1. 1 TITLE				Chang	ge 🔲 Addition	
NAME	SMITH, JERRIE L 2740 U.S. HWY. 27 NORTH		1.2 NAME						
STREET ADDRESS CITY-ST-ZIP	SEBRING FL 33872		- 1	T ADDRESS					
TITLE	OLDING TE GO72	DELETE	1.4 CHY- 2 1 TITLE				Char	. m sass	
NAME		רַ טַּנְינִינִי	2 2 NAME			LJ	Chang	ge 🔲 Addition	
STREET ADDRESS				T ADDRESS					
CITY-S1-ZIP			2 4 C!TY-						
TITLE		DELETE	3 1 TITLE				Chang	ge 🔲 Addition	
NAME			3.2 NAME			_	٠	_	
STREET ADDRESS			3.3 STREE	1 ADORESS					
CITY-ST-ZIP			3.4 C(1) -	ST-ZIP					
TITLE		DELETE	4. 1 TITLE				Chang	e Addition	
NAME			4.2 NAME						
STREFT ADDRESS				T ADDRESS					
DITY-S1-ZIP TITLE		☐ DELETE	4.4 CITY - :	ŜT-ZIP					
NAME		L'3 DECETE	5 1 TITLE				Chang	e 🔲 Addition	
STREET ADDRESS			5.2 NAME	T ADODICO					
CITY-ST-ZIP				F ADDRESS					
TITLE		DELETE	5.4 CITY-1 6. 1 TITLE	51-ZIF			Chang	e 🗍 Addition	
NAME			6.1 MAME			لسا	viidill	te [1] Woonnou	
STREET ADDRESS				f ADDRESS					
CITY-ST-ZIP			6.4 DITY - 1						
44			6.4 PH (-)	31. 71.					

I do hereby 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), Fiorida 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 logal 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attribution an aridress.

LULL Smith JERRIE SMITH 04/27/96 941382-227)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: