## 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

<b>DOCUMENT</b>	#									
1. Corporation Name										

P95000006401 (0)

DIAN	e Chais	TIE E	BACCUS HO	RSLEY,	. P.A.										
Principal Place	of Business	<del></del>		N	failing Address					-	III BEITH BB!				
25 W NEW HAVEN AVE SUITE C MELBOURNE FL 32901					25 W NEW HAVEN AVE SUITE C MELBOURNE FL 32901				Date Incorporated or Qualified						
				· · · · · · · · · · · · · · · ·						01/23/1995					
2. Principal Pl	ace of Busin	ess		<u></u> ⊢¬	. Mailing Address					4. FEI Number			Applied For		
21					26					59-3291423		Not Applicable			
Suite, Apt.	#, etc.			27	Suite, Apt. #, etc.					5. Certificate of Status Desired	}	•	Additional		
City & State				127	City & State					ē Flatin Consider Financia			Required		
23				28						6. Election Campaign Financing Trust Fund Contribution	)		<b>0</b> May Be d to Fees		
Zip		C	country		Zip	Cou	ntry			8. This corporation has liability for inten	oble tax i				
24	25			29	,	30				Florida Statutes Yes No			109.002		
	9. Name	and /	Address of Curr	ent Regis	stered Agent					10. Name and Address or New Regis	tered Ag	ent			
							81	Ná	ame						
BACCU	JS HORSL	EY, D	IANE C				82	St	reat Address	ss (P.O. Box Number is Not Acceptable)					
	NEW HAVE	N AV	E					0.		33 ( Tot treat Hornison is that he deep kindle)					
SUITE							83								
MELBO	)urne fl	3290	1				84	Ci	tv		-·	35 Zu	o Code		
											- FL ∣	i i			
11. Pursuant t or register	o the provisi ed agent, or	ons of both,	Sections 607.050 in the State of Flo	02 and 60 rida. Such	07.1508, Florida Statuti h change was authoriz .0506, Florida Statutos	es, the abo ed by the o	ve-n corpo	nan ie orati	ed corporate on's board	tion submits this statement for the purpose of directors. I hereby accept the appointri	of chang lent as reg	ng its r jistered	egistered office agent. Lam		
	ii, anu acce	pr ine	obligations or, se	JUNI OUT.	.0005, Florida Statutes	٠.									
SIGNATURE	Signature, typed	or printer	name of registered age	nt and title if	appicable (NC	TE: Registered	Agrant	t signi	 atum mujumad w	shen nengtahagi	DATE				
12.			OFFICERS A	ND DIREC	CTORS	13.				ADDITIONS/CHANGES TO OFFICER		RECTO	RS IN 12		
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CITY-ST-ZIP						6 4 CIT									
	certify that	the info	ormation supplied	with this	filing is voluntarily furni				nual fy for t	the exemption stated in Section 119 07/3)	(k) Florida	Statute	os I further		

octify that the information indicated on this annual report is supplemental annual report is true and accurate 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 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 attachment with an address. Signature AND TYPED ON PRINTED NAME OF SIGNING PRINTED SIGNATURE: \_