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

OCHMENT #

1. Corporation	LIE & JUDITH DALL CORPO	PATION	J)	E ALDHDOR HA ABAN BANA BONA ABAR ABAN	ERICH (ARI) COME NOME ROME RAM HORE
Principal Plac	e of Business	Maling Address			
416 COU	NTY RD. 25 KE FL 32159	416 COUNTY RD. 25 LADY LAKE FL 3215			2019 1019 1019 Will SELL SELL
2 Dán i 1 1				02/06/1995	Date of Last Report
2. Principal P	lace of Business	2a. Maiing Address		4. FEI Number	Applied For
Suite, Apt.	#. etc Pairway Ka	26 333305 fa	WAY DI.	59-33/0392	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & Stat	bur F!	City & State 28 200 bu 19	FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 .347	Country Country	29 34/7 8-35	Country 30 LAK =	8. This corporation has liability for intangib	le tax under s. 199.032,
	9. Name and Address of Current		100/2016	Florida Statutes Yes No. 10. Name and Address of New Register	l l
4			81 Name	The state of the s	AA URBIII
MILLE	HORN, MICHAEL D ESQ.	tace /FI O Day Noveley and the A			
416 COUNTY RD. 25				ress (P.O. Box Number is Not Acceptable)	_
LADVIAVE EL 20150					
			84 City (*)	ude 294	
			No.	A NEW LAND	L 85 Zip Code 7
 11. Pursuant or register 	to the provisions of Sections 607,0502; red agent, or both, in the State of Flood.	and 607.1508, Fiorida Statutes	s, the above named corpo	ration submits this statement for the purpose of ard of directors. I hereby accept the appointment	changing its registered office
	ith, and accept the obligations of, Section	n 607.0505, Florida Statutes	arry the corporatori's box	and or directors. Thereby accept the appointment	. as registered agent. I am
SIGNATURE	Signature, lyped or printert manie of registere Lugaritia	nd Mediaphiatic (NOT)	t. Buyutead Age (signatury respies	what has constation	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 12
TITCE	D	DELFTE	1 1 7 174 6		AND DIRECTORS IN 12 Change Addition
NAME	DALL, ERNLIE A		1.2 NAME		_ , _ 4
STREET ADDRESS	932 ST, ANDREWS BLVD.		1.3 STREET ADDRESS		[0]
CITY-S1-ZIP	LADY LAKE FL 32159		1.4 CITY - ST - ZIP		23
TIFLE	D	☐ DELFTE	2 1 TITLE		☐ Change ☐ Addition O
NAME	DALL, JUDITH		2.2 NAME		_
STREET ADDRESS	932 ST. ANDREWS BLVD.		2.3 STREET ADDRESS		
CITY-ST ZIP	LADY LAKE FL 32159		2.4.C/TY+ST+Z/P	. :=	
TITLE	T) Fault	1 □ DELETE	3 1 THILE		Change Addition
NAME	DALL KRNLIF	T is	3.2 NAME		Ì
STREET ADDRESS	DALL ERNLIE	プ ベク ビューシェラ クク	3.3 STREET ADDRESS		
City-St-ZiP	- Leceburg 1	1 24/88	3.4 CiTY+S1+7iP		
TITLE	DALL Jurlit	☐ DELETE	4 1 TII1£		Change Addition
NAME CTOSET ADVISOR	DALL Judit		4.2 NAME		
STREET ADDRESS	AS ABOVE		4.3 STHEET ADDRESS		
CITY - ST - ZIP TITLE		☐ DELETE	4.4.CiTY ST-ZiP		
NAME		LT DELETE	5 1 TITLE		Change Addition
			5 2 NAME		
STREET ADDRESS			5 3 STREET ADORESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-ST-ZIP		
NAME		רין מנניינ	6 1 TITEE	3000017878 -04/21/9601002	Change Addition
STREET ADDRESS			6 2 NAME -	-04/21/9601002	กิ34
CITY - ST - ZIP			6 3 STREET ADDRESS	***200.00	Norther 3
OH FOR ZIE			6.4 C/1 y - ST - Z(P	* * * * * * * * * * * * * * * * * * * *	

14. 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). Florida 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 legal effect as if made under oath; that I arrive in 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, an an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 20# 1996 352-323-8318