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

CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #
1. Corporation Name

P95000013343 (5)

SPARROW ACLF CORPORATION

Principal Place of Business Mailing Address						OLIA BOJIL BÖJBI 11880 1118	O AFFAIT DIDOUD HAAL 1801
30 WINCHES ORMOND B	STER EACH FL 32174	30 WINCHESTER ORMOND BEACH F	30 WINCHESTER ORMOND BEACH FL 32174				
		Ţ			3. Date Incorporated or Qualified 02/13/1995	3a. Date of Last	.,
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number 59-3298262	_	Applied For
Suito Apt. # otc		Suite Apt # old		31-3218-02		Not Applicable	
Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7 -	5 Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	7	00 May Be led to Fees
Zip	Country	Zip	Country		8. This corporation has liability for		
24	25	29	30			□No	·
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	legistered Agent	
			81	Name			
PALME	TTO CHARTER SERVICES INC.		82	Street Add	Iress (P.O. Box Number is Not Acceptate	ile)	
150 MAGNOLIA AVE.			"	Directings		,	
	NA BEACH FL 32115-2491		83				
2,11,70			84	City		lact	Za Cada
			64	City		FL 85	Zip Code
SIGNATURE	and accept the obligations of, Sectionary of a section of the sect	no ste z a , pirodoa (Ni	ัวได้ Begishing Alje	C signal line to pan	= · · · · · · · · · · · · · · · · ·	OATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TIFLE	D	☐ DELETE	1 1 TIFLE			Change	Addition
NAME	PANAGGIO, THOMAS A		1 2 NAME				
STREET ADDRESS	30 WINCHESTER		13 STREET	ADDRESS			
CITY-ST-ZiP	ORMOND BEACH FL 32174	D 05:57	1.4 CITY - 5	1 - ZIP			
TITLE	D	□ D€LETE	2 1 THTLE			☐ Change	Addition
NAME	PANAGGIO, LAURA C		2 2 NAME				
STREET ADDRESS	30 WINCHESTER		2 3 STHEE!				
CITY-ST-ZIP	ORMOND BEACH FL 32174	☐ DELETE	2.4 CITY - 5	IT-ZIP	···	C Change	- C) Addit on
TITLE		Поси	3 1 TITLE			☐ Change	e 🔲 Addition
NAME DIGGET ADDRESS			3 2 NAME				
STREET ADDRESS			33 STREE				
CITY-ST-ZIP TITLE		DELETE	3 4 CHY-5	11 · ZIF		Change	e
NAME			4 2 NAME				, CJ / Macricon
STREET ADDRESS			4 3 STREET	Andress			
CITY-ST-ZIP			4 4 CITY - S				
TITLE		☐ DELETE	5 1 1111.6			[] Change	Addition
NAME		_	5 2 NAME	1			
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - 8	- 1			
THLE		☐ DELETE	6 1 THLE			☐ Changi	Addition
NAME			6 2 NAME				
STREET ADDRESS			6 3 STREET	ADDRESS			
CITY-ST-ZIP			6 4 CITY - S	it - ZIP			
certify that to oath; that to	certify that the information supplied wine information indicated on this annual am an officer or director of the corpor allock 12 or Block 13 if changed or or	al repai) or supplemental and ation or true receiver or truste	nual report is true e empowered	s not qualify ue and accur to execute th	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, Fi	.07(3)(k), Florida Stat same legal effect as orida Statutes; and t	tutes. I further if made under that my name

SIGNATURE:

SIGNATURE AND TYPEYOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR