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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Scoretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

1996

P95000020963 (1)

 Corporation Name OUR FORDEAN CUMBANCE INC

GULFSI	HEAM SUNDANCE, INC	,,				
Principal Place of	Business	Mailing Address				
4505 SOLITH GOLDENROD ROAD 4505 SO		4505 SOUTH GO ORLANDO FL 32	OLDENROD ROAD 1822			
0.0000				3. Date Incorporated or Qualified 03/14/1995	3a. Date of Last i	Report
	-10 sinons	2a. Mailing Address		4 FEI Number	1	Applied For
2. Principal Place	e or Business	26		59-330260	<u>'                                    </u>	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, et		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		00 May Be led to Fees
<b>23</b> Ζιρ	Country	Z <sub>I</sub> p	Country	8. This corporation has liability for	intangible tax under	s 199.032,
24	9. Name and Address of Curr	29	30	10. Name and Address of New		
<b>11.</b> Pursuant <u>to</u> or registered familiar with	ASSEE FL 32301	502 and 607.1508. Florida lorida Such change was a often 607.0505. Florida St	atutae	505 S. Goldenk  RLando  Toporation submits this statement for the popular of directors. Thereby accept the ap	FL  85	Zin Code 33 (2) s registered office red agent 1 am
SIGNATURE	Ignature specific printed name of registrated	pritaria trans appropria	(NOTE Registered Again signal inchr 13.	ADDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 12
12.		AND DIRECTORS DELET		7,000	Chang	ge 🔲 Addition
THILE	DST		1.2 NAME			
NAME	ZIEGLER, JACK	n	13 STREET ADORESS			
STREET ADDRESS	4505 S. GOLDENROD R	U.	1.4 CITY - S1 - 7IP			
CITY-ST-ZIP	ORLANDO FL 32822	☐ DELET			☐ Chan	ge 🔲 Addition
THILE	DT		2.2 NAME			
NAME	WHITTINGTON, DALE	^	2.3 STREET ADDRESS			
STREET ADDRESS	4505 S. GOLDENROD R	D.	2.4 CITY S1-ZIP			
CITY - ST - ZIP	ORLANDO FL 32822	DELE			. Char	ige 🔲 Addition
TITLE		L. 5000	3.2 NAME			
NAME			3.3 STREET ADORESS			
STREE! ADDRESS			3 4 CITY ST-ZIP			
CITY-ST-ZIP		□ DELE			☐ Char	nge 🔲 Addition
TITLE		_ 0.00	4.2 NAME	1		
NAME			4.3 STHEET ADORESS			
STREET ADDRESS			4.4 C+TY - ST - ZIP			
CITY-ST-ZIP		□ DELE			☐ Cha	nge 🔲 Addition
TITLE	\	ب المرات	6.2 8.58%			

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 logal effect as if made under 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 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 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 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 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 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 certify that the information indicated in the same logal effect as if made under certificities in the same logal effect as if made under certificities in the same logal effect as if made under certificities in the same logal effect as if made under certificities in the same logal effect as if made under certificities in the same logal effect as if made under certificities in the same logal effect as if made under certificities in the same logal effect as if made under certificities in the same logal effect as if made under certificities in the same logal eff

53 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

G 1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

OR PRIDED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

467-282-6340

Change Addition