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

PROFIT CORPORATION ANNIHAL REPORT



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

ANNUAL REPUR
1996

P95000027424 (7)

DOCUN 1. Corporation TALO	Name	# P950 ms, INC.	000	27424	(7)							
Principal Place of Business Mailing Address								1881 1981 1199 1818 831 18 61 11		HUIL HUBELUI	DIO 15841 BIEL 1681	
146 EXETER AVENUE 146 EXETER AVENUE LONGWOOD FL 32750 LONGWOOD FL 32750												
									3. Date Incorporated or Qualified 04/03/1995	3a. Date	of Last R	·
	<u> </u>				a. Mailing Address							Applied For
21			26	0.3- 4-1 (-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1							Not Applicable	
Suite, Apt. i	Suite, Apt. #, etc			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
City & State)			City & State				6. Election Campaign Financing		·····	0 May Be	
23			28	* 7				Trust Fund Contribution Added to Fees				
Zip 24		Country Zip Country 25 29 30				Country 30			8. This corporation has liability for Florida Statutes Yes	intangible ta	ıx under s	199.032,
	9. Name	and Address of Curr	ent Regis	tered Agent					10. Name and Address of New F	Registered	Agent	
						81	Name					
	CK, Blain					82	Street	Addres	s (P.O. Box Number is Not Acceptat	ole)		
	ETER AVE					83						
LONG	NOOD FL	32750				83						
						84	City			FL	.	p Code
11. Pursuant t or register familiar wil	to the provisi ed agent, or th, and acce	ons of Sections 607.05 both, in the State of Fic pt the obligations of, Se	02 and 60' orida. Such ection 607.	7.1508, Florida S n change was aut 0505, Florida Sta	itatutes, horized itutes.	the above-r by the corp	named co oration's	rporat board	ion submits this statement for the pu of directors. I hereby accept the app	rpose of cha ointment as	anging its r registered	registered office I agent. I am
SIGNATURE									· · · · · · · · · · · · · · · · · · ·			
12.	Signature, typed	or printed name of registered ag OFFICERS A			(NOTE:	Registered Ager	t signature i	м Бечире	ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	DBS IN 12
TITLE	D	OFFICEROF	WILL DIVIL	DELETE		1.1 TITLE		C/I			X Change	Addition
NAME	HELM	ICK, BLAINE J				1.2 NAME		C/ L)/ P			
STREET ADDRESS	AAA EVETER ALEANIE			1.3 STREET ADO			ADDRESS					
CITY-ST-ZIP	LONG	WOOD FL 32750				1.4 CITY - S	T-ZIP					
BITLE	D			DELETE		2 1 TITLE		D/S	S/T	[🕱 Change	☐ Addition
NAME	HELMICK, ANN B					2 2 NAME		-				
STREET ADDRESS		XETER AVENUE				2 3 STREET ADDRESS						
CITY-ST-ZIP	LONG	WOOD FL 32750		ED DE ETE		24 CITY-S	1-ZIP				7 05	• • • • • • • • • • • • • • • • • • •
TITLE				☐ DELETE		3. 1 TITLE					Change	☐ Addition
NAME						3.2 NAME						
STREET ADDRESS						3.3 STREE						
CITY - ST - ZIP	 			☐ DELETE		3.4 CITY - S 4. 1 TITLE	II - ZIP	-		i	Change	Addition
TITLE						4.2 NAME				'	0.10.190	
NAME STREET ADDRESS						4.3 STREET	ADDRESS					
CITY-ST-ZIP						4.4 CiTY - S						
TITLE	· · · · · · · · · · · · · · · · · · ·			DELETE		5. 1 TITLE				1	Change	Addition
NAME				_ _		5.2 NAME						
STREET ADDRESS						5.3 STREET	ADDRESS					
CITY-ST-ZIP	-					5.4 CITY - 9						_
TITLE		. , ,		DELETE		6.1 TITLE					Change	☐ Addition
NAME						6.2 NAME						
STREET ADDRESS						6.3 STREET	ADDRESS					
CITY - ST - ZIP						6.4 CrTY - S	oT - ZiP	L	the exemption stated in Pastion 110			

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 suppliemental 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:

Ann B. Helmick

4/16/96 Date

407 330-7565 Daytim a Phone #

CR2E034 (12/95)