FiL	E NOW: FILING FEE	AFTER MAY 1	IS \$2	25.00				
	PROFIT FLORIDA DEPARTMENT OF							
4	RPORATION UAL REPORT	最新到	a B. Morth					
, " " "	1996	Secre DIVISION O	etary of Sta E-eographi	_	$\overline{}$			
	W/6	7000		774	丿			
DOCU 1. Corporation	MENT # Y))		~0014 CX	5 E < 1	(a)			
TF	REND DEVELOPI	JANI FIVIE	SPKI.	ااردعد	MC.			
722	END DEVELOPMENT; INC.	DENT ENTE NC 10)-13	95				
Principal Place								
2325 E MAIN ST LEESBURG FL 34748						Date Incorporated or Qualified	3a. Date o	f Last Report
						04-07-95	N/A	
21	Principal Place of Business 2a. Mailing Address 26					4. FEI Number 59-3309459		Applied For
Suite, Apt.	te, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional
City & State	2 27 City & State City & Sta			·		Gertinicate of Status Desired Blection Campaign Financing	<u> </u>	Fee Required
23	***************************************	28				Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24				untry		8. This corporation has liability for i	ntangible tax	
<u> </u>	9. Name and Address of Current		30	<u> </u>		Florida Statutes Yes 10. Name and Address of New R		ent
				81 Name	ΙΩΊ	HN C MALIK		
				82 Street	Addres	s (P.O. Box Number is Not Acceptabl	e)	
						25 E MAIN ST	· · · · · · · · · · · · · · · · · · ·	
	4			84 City				OC 7:0 Code
11 Pureuant t	to the era island of Castiana 607 DEOS	-d 002 4500 Fb - d 00 1				ESBURG	HI I	85 Zip Code 34748
	to the provisions of Sections 607,0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Section			ove named co corporation's	prporati board	on submits this statement for the purp of directors. I hereby accept the appo	oose of chang intment as re	ing its registered office gistered agent. I am
SIGNATURE	and the design the obligations of, occitor	1 007.0000, 1 longa Statutes	٠,					
12.	Signature, Specific rejented rank of registered agent and little 1 applicable MOTE. Registered A OFFICERS AND DIRECTORS 13.			Agent signature re	≊quired wt	en relistating ADDITIONS/CHANGES TO OFFI	DATE	DECTODO N. 10
Titue	VP	DELETE	1 1 7	ITLE		ADDITIONO OF ARGED TO OFFI		RECTORS IN 12 (S672)
NAME	JOHN C MALIK		12 N					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS DITY-ST-ZP	2325 E MAIN ST			REFT ADDRESS TY-57 - ZIP				
TITLE	SEC/TRES	☐ DELETE	DELETE 211		·	MANAGE TO THE PROPERTY OF THE		Change
NAME	ARLENE MALIK		2 2 N	AME .				_
STREET ADDRESS CHTY-ST-ZIP				REET ADDRESS TY-\$1-7IP				İ
TITLE	PRES DELETE 34/48						Change	
NAME STREET ADDRESS	FORREST BERG							
STREET ADDRESS CITY-ST-ZIP	33246 SOMERSET DR			TREET ADDRESS TY-S1-Zip				
TITLE	LEESBURG FL 34748	☐ DELETE	4.11			Namoro	<u>ا</u> الله السوايسو	hange Addition
NAME STREET ADDRESS	CAROL BERG		4.2 N/			00000183 -05/23/960100)9D13	 '
CITY-ST-ZIP	33246 SOMERSET DR		1	REET ADORESS IY-ST-ZIP		***225.00		
TITLE	LEESBURG FL 34748	☐ DEFETE	5 1 1)					Change Addition
NAME CIRCLI ANABECC			52 N/					
STREET ADDRESS CHY-ST-ZIF				HEET ADDRESS Y+ST+ZIP				746
THILE		DELETE	6 1 7			(10	Addition
NAME STREET ADDRESS		62		1		`	\supset	12
CITY-ST-ZIP			6.4 GF	REET ADDRESS Y+ST-ZIP				<i>[</i>
14. I do hereby certify that	y certify that the information supplied with the information indicated on this annual		shed and o	loes not quali				
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 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: VILLE MALLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 5-14-96 362-787-8050								