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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	WI IN	VISION OF COR		JND 	,					
DOCU	MENT # P950	0003192	(8) 0								
	F CENTRAL FLORIDA, IN	IC.									
Principal Place	e of Business	Mailing Addre	ess		*		I JORIJOOT HO JOIGH DIIJ		UBFIL 10707 FI	INT FFORW FOILI	I KABAL BIRAL KABA
1608 BOOTH		1608 BOOTH DR									
SEBRING FL	. 33872	SEBRING F	L 33872			L					
							 Date Incorporated or Q 04/20/1995 	ualified	3a. Date	of Last Re	eport
2. Principal P	lace of Business	2a. Mailing A	ddress				4. FELNumber _		-1		Applied For
		26				65-0578	198			Not Applicable	
Suite, Apt. #, etc		Strite, Apt. #, etc.				5. Certificate of Status De	sired			Additional Required	
City & Stat	e	City & Sta	ate			· · · · -	6. Election Campaign Fina	ncing			D May Be
3		28					Trust Fund Contribution			Adde	d to Fees
Zip 4	Country 25	Ζιρ 29	30	- Country]	;		 This corporation has la Florida Statutes 		intangible ta □ No	x under s	199.032,
<u>}</u>	9. Name and Address of Cu			I— _I —		L	10. Name and Address of			Agent	
				81	Name					-	
STATLER, PHILLIP W				B2 Street Address			(P.O. Box Number is Not A	Acceptah	ole)		
3200 U.S. 27 S				83	Oli Coli						
#306					1						
SEBRING FL 33870					City				FL	85 Z	o Code
SIGNATURE	to the provisions of Sections 607.0 red agent, or both, in the State of fith, and accept the obligations of, \$	agent and the mappin at e		J stered Ap-			ਦਾ ਸੰਗ ਡਾਰੀਸ ਦੂਸ	· ·	DATE		
2.	OFRICERS	AND DIRECTORS	DCLETE	13.		170	ADDITIONS/CHANGES	10 OFF		DIRECTO Change	RS IN 12 Addition
TITLE NAME	DALKE, LINDA R		DELE 1E	1 1 TULF 1 2 NAME		VP,	5		Ļ	M Change	Muulioii
STREET ADDRESS	1608 BOOTH DR				T ADORESS						
DTY-ST-ZIP	SEBRING FL 33872			1.4 CHY-1							
ITLE	В		DELETE	2 1 TITLE		P, 7	T		[□ Change	Addition
IAME				2 2 NAME		Dal	ike, James 18 Booth Ac-				
STREET ADDRESS					I ADDRESS	100	is Bouth Pri				
OTY-ST-ZIP OTLE			DELETE	2 4 CITY - 1	SI - ZIP	برهر	oring, FC 338	72	r	Change	☐ Addition
IAME				3.2 NAME							
STREET ADDRESS					LADDRESS						
CITY-ST-ZIP				3.4 CITY - :							
TITLE			DELETE	4 1 T TLE					(Change	☐ Addition
IAME				4.2 NAME							
STREET ADDRESS					T ADDRESS :	1					
CITY-ST-ZIP TITLE			DELETE	44 C-TY-:	21-77				r	Change	Addit on
NAME			Į.	52 NAME							
STREET ADDRESS					T ADDRESS						
CITY - ST - ZIP				5.4 CI!Y+	\$! · ZIP						
TITLE			DELETE	6 1 TITLE			100 to 500 to 50			Change	☐ Addition
NAME				6.2 NAME							

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 am an officer or director of the corporation or the receiver or trustee an powered to execute this report as required by Chapiter 607, Florida Statutes; and that my name appears in Block 12 of Block 11 in changed, or on an axial brieflowith an agury is

6.3 STREET ADDRESS 5.4 CHY+ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Diaytone Priors #